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ABSTRACT

This student manual, part of a series of publications for use in an administrative assistant simulation for students enrolled in a postsecondary-level office applications laboratory, includes 20 jobs or tasks that are likely to be required of an administrative assistant working in an independent insurance agency that is both a sales and a service organization. Addressed in the simulation are such tasks as completing an employment application and interview, establishing a reference file, performing various typing and dictation tasks, composing and editing letters and reports, mailing out correspondence, performing various accounting duties, resolving personnel problems, and composing and typing out assorted employee records and forms. Each job contains instructions to the student and actual forms, tests, reports, letters, or other written materials that would, in all likelihood, be encountered by an administrative assistant working in an insurance agency. Representative forms provided include an employee application test, client personal data and insurance coverage data, premium forms, rough drafts of reports, accident and claim forms, drafts of mailouts, accounting forms, petty cash records and forms, sample follow-up letters, and expense report forms and data. (MN)

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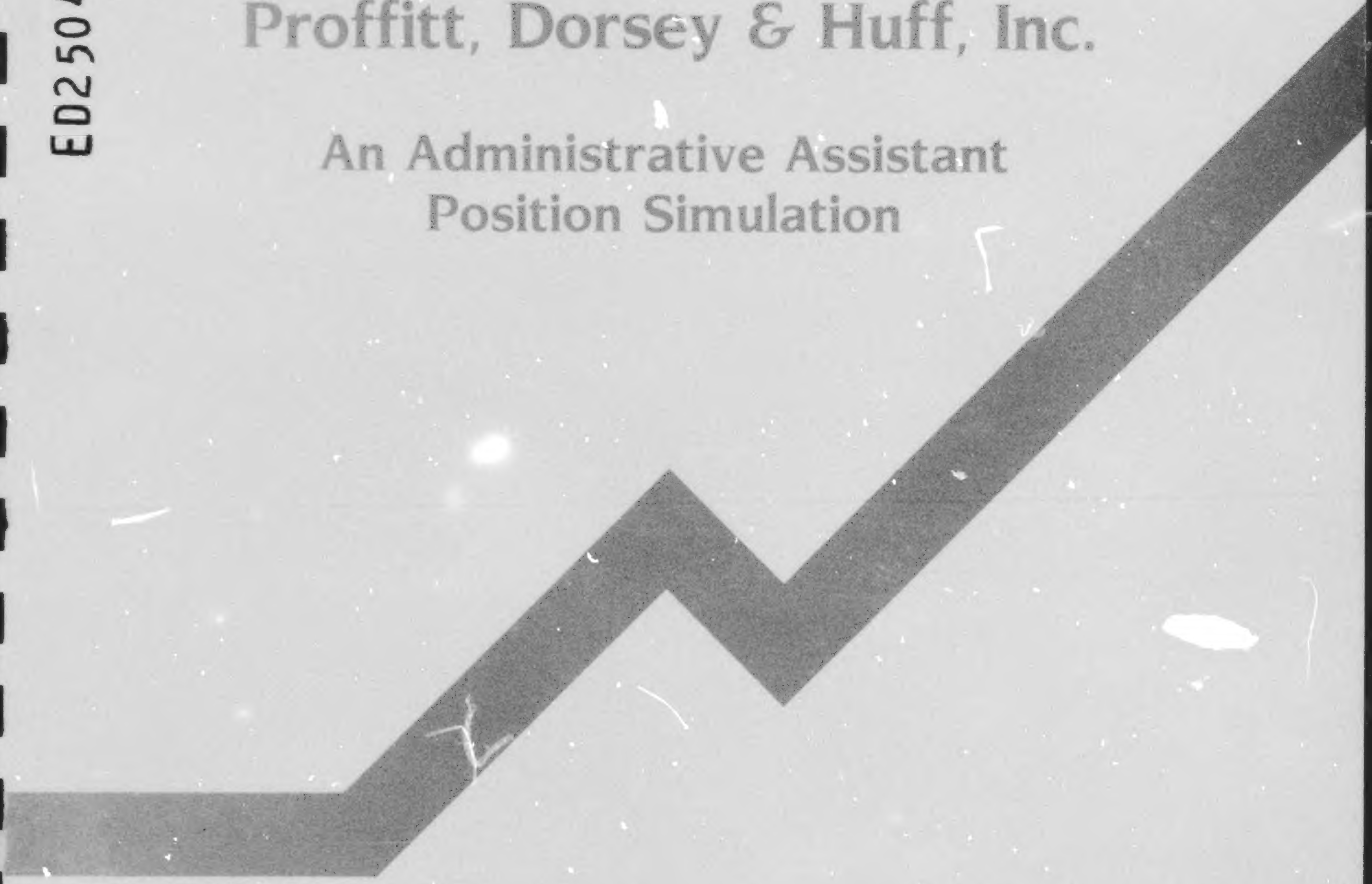
OFFICE OCCUPATIONS

Proffitt, Dorsey & Huff, Inc.

An Administrative Assistant Position Simulation



Student Manual

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Office of Vocational Education
Georgia Department of Education
Atlanta, Georgia 30334
Charles McDaniel, State Superintendent of Schools
1982

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PROFFITT, DORSEY & HUFF, INC.

An Administrative Assistant Position Simulation

Prepared by

Pickens Area Vocational-Technical School
Jasper, Georgia

Revised by

Georgia State University
Atlanta, Georgia

Project Supported by

Office of Vocational Education
Division of Program Development
Georgia Department of Education
Atlanta, Georgia 30334

Dr. Charles McDaniel, State Superintendent of Schools

1982

FOREWORD

This administrative assistant position simulation has been developed for use in an office applications laboratory at the postsecondary level. Its purpose is to give the student an opportunity to become familiar with the tasks and duties that may be performed by an administrative assistant.

Appreciation is expressed to Mr. K. Gerald Allen, Project Coordinator and to Mrs. Nancy Dorsey and Mrs. Nancy Proffitt, business education instructors, for the development of these materials.

Appreciation is also expressed to the many business education instructors throughout the state who field tested, evaluated, and provided invaluable feedback on these materials as a part of this revision effort.

Sincere appreciation goes to Dr. John H. Lloyd, Director, Program Development Division, for his continued support, encouragement, and leadership in this revision effort.

Dr. Harmon Fowler
Project Director
Office Simulation Project

Mrs. Doris Rash-Wooten
Assistant Project Director
Office Simulation Project

JOB 1 - Employment Application and Interview
(Pages 1 - 5)

GRADING INFORMATION

		Possible Score	Actual Score
1.	Application	50	____
2.	Interview	50	____
		100	

Special Instructions

Please complete on the typewriter the attached "Application for Employment." Be prepared for a live interview.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Personal Information

Date ______________________________ Social Security Number ____________

Name ____
Last First Middle

Present Address ____
Street City State Zip Code

Permanent Address ____
Street City State Zip Code

Phone Number ______________________ Height ______ Weight ___________

If related to anyone in our employ, state name and department ____________

____

Referred By ____

Employment Desired

Position ___________________________ Date you can start ____________

Salary Desired _____________________ Are you employed now? ____________

If so, may we inquire of your present employer? ______________________

Ever applied to this company before? _________ Where? _________ When? _________

Education

	Name and Location of School	Years Attended	Date Graduated	Subjects Studies
Grammar School				
High School				
College				
Trade, Business or Other Type School				

Subjects of Special Study or Research Work ________________________________

What foreign languages do you speak fluently? ________________________________
Read ______________________________ Write ______________________________

Activities other than Religious (Civic, Athletic, etc.) ____________________

____
(Omit organizations, the name or character of which indicates the race, creed, color, or national origin of its members.)

Former Employers

List Below Four (4) Employers, start with the last one first.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References

List Three (3) persons, unrelated, that you have known one (1) year.

Name	Address	Business	Years Acquainted
1			
2			
3			

Physical Record

List any physical defects____________________

Were you ever injured?____________________

Have you any defects in hearing?__________ In vision?__________
In speech?__________

In Case of Emergency notify____________________

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

__________ ____________________
Date Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by____________________ Date__________

Remarks

Neatness	Character
Personality	Ability

Hired___ For Dept.___ Position__________ Will Report___ Salary (Wages)__________

Approved: 1.__________ 2.__________ 3.__________
Employment Manager Department Head General Manager

JOB 2 - Employee Applicant Test
(Pages 6 - 19)

GENERAL INFORMATION

(See KEY section of Administration Manual)

Special Instructions

Since you are interested in working for our insurance agency, please complete the attached "Insurance Agency Employee Applicant Test", Parts 1 through Part 10. This test is time consuming; therefore, it may take several class periods to complete. No references may be used while completing this test.

INSURANCE AGENCY
EMPLOYEE APPLICANT TEST

YOUR Independent Insurance AGENTS
OF WISCONSIN

Compiled by

Robert L. Cook
Cook Insurance & Financial Services, Inc.
Martins Ferry, Ohio

LIST OF MANUFACTURERS

Instructions: Here are two lists, one of companies and one of products that they manufacture. You are to match the companies with their products by putting the number of the product manufactured in the space in front of the company name. List A is to be used for companies under List A. List B is to be used for companies under List B.

LIST A

__Remington
__Hart, Schaffner & Marx
__Goodrich
__H. J. Heinz
__Carnation Company
__Lever Brothers
__General Mills, Inc.
__Johnson and Johnson
__Armour & Company
__Wrigley & Company
__Wurlitzer Company
__Pittsburgh Plate Glass Company

LIST A

1. Cereals
2. Soap
3. Medical supplies
4. Meat
5. Pianos
6. Paint
7. Chewing gum
8. Milk
9. Men's clothing
10. Rubber goods
11. General food packer
12. Typewriters

LIST B

__Smith-Corona
__Richman Brothers
__Firestone
__Colt
__Borden Company
__Sherwin-Williams Company
__Proctor & Gamble
__Jergens Company
__Johns-Manville Corporation
__Swift & Company
__Steinway & Sons
__Maytag Company

LIST B

1. Firearms
2. Soap
3. Paint
4. Rubber goods
5. Toilet goods
6. Typewriters
7. Meat
8. Washing machines
9. Pianos
10. Builders' supplies
11. Men's clothing
12. Milk products

No. of Errors________________

COMPARISONS

Instructions: This form consists of pairs of names and pairs of numbers. If the names or the two numbers of a pair are not the same, put a mark (x) on the line between them. If the two names or two numbers are exactly the same, make no mark.

Example

Ann Lowe	X	Anna Lowe
184291		184291
74582	X	74852

Piggily Wiggily Co.		Piggily Wiggily Co.
John Blassingham		John Blessingham
8527496		8527496
Charles Beardslee		Charles Beardslea
Axton Tobacco Co.		Axton Tobacco Co.
714917		719417
8529473		8529473
Kellogg Company		Kellogg Company
Petropalm & Son, Inc.		Petropalm & Sons, Inc.
Higgin Mfg. Co.		Higgen Mfg. Co.
Bob Fairbanks		Bob Fairbanks
S. Karpen & Brothers		S. Karpen & Brothers
147519		147159
Indian Refining Co.		Indian Refining Co.
F. R. Connell		F. R. Connell
Reinhard Brothers Co.		Reinhart Brothers Co.
694725		694725
Meumann, L. R.		Meumann, L. R.
Robert Courtney		Robert S. Courtney
R.C.A. Victor Company		R.C.A. Victer Company
Leslie Thrasher		Leslie Thrasher
Oriza Ann Legrand		Oriza Anne Legrand
Villaum Lbr. Co.		Villaum Lbr. Co.
719417		719147
Collum & Ackerman		Collum & Ackermann

Colette Cartier		Colete Cartier
852947		852947
Weibusch & Helger		Wiebusch & Helger
A. B. Hinds Co.		A. D. Hinds Co.
Bridgeton, N. J.		Bridgeton, N. J.
J. Bauer & Black		J. Baeur & Black
E. E. Atkinson		E. E. Atkinson
W. E. Davanport		W. E. Davenport
1475819		1475189
6274936		6274936
Haldoran, H. P.		Haldoran, H. P.
Armo Culvert Co.		Armo Culvert Co.
Minneapolis Mfg.		Minneapolis Mfg.
Winstar, W. B.		Winster, W. B.
1927163		1927163
W. Lentingworth		W. Lentinworth
Tung Sol Lamp		Tung Sul Lamp
Theo. Audel & Co.		Theo. Audel Co.
McKees Rocks, Pa.		McKees Rocks, Pa.
62738291527		62733291527
Foxworth & Son		Foxworth & Son
961472583		961472583
Terre Haute, Inc.		Terre Haute, Inc.
A. Cedarstrand		A. Cederstrand
Kircsh Mfg. Co.		Kirsch Mfg. Co.

No. of Errors________________

ARITHMETIC

Instructions: Solve these problems as quickly as you can. When you have finished each problem, write the answer in the space at the right.

(1)

54
27
+5

(2)

9/ 2736

(3)

18 x 3 x 1 x ½ =

(4)

½ x ½ =

(5)

$1.50
x 5

(6)

596
x26

(7)

1246
x.4

(8)

57.23 - 2.9 =

(9)

352.4
979.5
43.2
+17.7

(10)

6657732
-4986941

(11)

3478
x918

(12)

27/ 15120.54

(13)

324.9
x4.26

(14)

$275 less 20% =

(15)

24% of 546 =

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____________________

7. ____________________

8. ____________________

9. ____________________

10. ____________________

11. ____________________

12. ____________________

13. ____________________

14. ____________________

15. ____________________

No. of Errors________________

Test Four

TEST OF DETECTION

Place an (x) before each word which is misspelled.

__accommodate
__belief
__posibility
__qualified
__undoubtedly
__generaly
__noticable
__similar
__temperary
__realised
__routine
__disappear
__accordance
__persistent
__omitted
__allright
__adviseable
__submitted
__reference
__correspondance
__managment
__postpone
__lisence
__pamphlet
__criticize

__probably
__exaggerate
__criticism
__definately
__accepted
__eligable
__clientele
__appologize
__maintenence
__developement
__eficiency
__inquiry
__doubtfull
__cancel
__predictible
__anticipate
__fullfil
__committee
__substitute
__seperate
__recieving
__unnecessary
__proceed
__especialy
__desision

__communication
__ocasion
__justifiable
__permenant
__discription
__assistence
__completly
__information
__organization
__apreciate
__sufficent
__disagree
__recomend
__convenient
__miscelaneous
__repetition
__changable
__analysis
__essential
__apropriate
__supersede
__arrangement
__tendancy
__transfered
__remittance

__incidentally
__availible
__summarize
__occasionaly
__regulation
__supervisery
__competent
__procedure
__unusualy
__customery
__neccessary
__favorable
__responsible
__discusion
__schoolastic
__familar
__emphasize
__privilege
__acknowlege
__requirment
__occurrence
__begining
__asignment
__embarrassment
__dissatisfaction

No. of Errors____________

Test Five

VOCABULARY TEST

Instructions: Underline same for each of the following pairs of words if their meaning is similar or nearly the same. Underline opposite if their meaning is opposite.

Example: hot - cold same - opposite minimum - least same - opposite

pertinent-irrelevant	same-opposite	release-restrain	same-opposite
irrational-reasonable	same-opposite	dislike-aversion	same-opposite
equivalent-tantamount	same-opposite	dilemma-quandary	same-opposite
indolent-industrious	same-opposite	asinine-stupid	same-opposite
meticulous-careless	same-opposite	inappropriate-opportune	same-opposite
confirm-ratify	same-opposite	ferret-cover	same-opposite
reproach-censure	same-opposite	concur-coincide	same-opposite
praise-eulogize	same-opposite	dissipate-disintegrate	same-opposite
discreet-prudent	same-opposite	idiosyncrasy-eccentric	same-opposite
reticent-talkative	same-opposite	intimate-insinuate	same-opposite
promiscuous-indiscriminate	same-opposite	stimulate-sooth	same-opposite
abandon-forsake	same-opposite	signify-denote	same-opposite
illusion-mirage	same-opposite	nonchalant-casual	same-opposite
necessary-superfluous	same-opposite	saturate-impregnate	same-opposite
myriad-few	same-opposite	rural-urban	same-opposite
appease-placate	same-opposite	concede-refuse	same-opposite
propitious-favorable	same-opposite	reiterate-repeat	same-opposite
showy-ostentatious	same-opposite	biased-unprejudiced	same-opposite
incompatible-harmonious	same-opposite	eminent-unknown	same-opposite
superficial-internal	same-opposite	quote-cite	same-opposite
rampant-controlled	same-opposite	inception-beginning	same-opposite
imperative-urgent	same-opposite	redeem-abandon	same-opposite
flagrant-notorious	same-opposite	incense-enrage	same-opposite
suspension-cessation	same-opposite	scrutinize-examine	same-opposite
fluent-hesitant	same-opposite	literate-ignorant	same-opposite

TABLE CHECKING

Instructions: In some of the tables there is a wrong number. To find the wrong number, add the columns until you find the one that does not add to give the total indicated. Add the rows across until you locate the row that does not add correctly. At the crossing of this row and the column is the wrong number. Put an (x) over the wrong number. The example is correctly marked. If you find no error in a table, put a check mark on the table.

Example

			(total)
2	7	9	18
8	5	X	17
6	3	1	10
16	15	14	45

			(total)
1	6	8	10
2	9	6	17
2	3	1	6
5	13	15	33

			(total)
8	7	2	17
5	1	6	15
7	6	6	19
23	14	14	51

			(total)
5	6	9	20
2	3	6	11
7	8	8	24
14	17	24	55

			(total)
4	2	7	13
0	2	1	3
2	4	6	12
6	8	14	28

			(total)
2	8	8	18
2	5	8	15
5	8	4	18
10	21	20	51

			(total)
8	4	3	15
5	9	8	22
5	4	3	12
18	17	14	49

			(total)
14	18	8	40
24	9	35	69
21	33	12	66
59	60	56	175

			(total)
6	4	1	10
7	9	4	20
8	9	9	26
21	22	13	56

			(total)
6	8	0	16
6	3	3	12
8	7	2	17
22	18	5	45

			(total)
10	24	16	50
36	16	48	102
12	36	21	69
58	78	85	221

			(total)
4	7	7	18
5	6	5	16
2	9	6	17
11	22	18	51

			(total)
4	4	6	16
5	4	3	12
9	6	8	23
18	14	19	51

No. of Errors_________

Test Seven

SPELLING

Instructions: Below are some sentences that will test your knowledge of spelling. Some of these sentences contain one incorrectly spelled word; others have all the words correctly spelled. When you find a word spelled wrong, underline it and write it correctly in the space at the end of the line. If all the words in a sentence are correctly spelled, put a check mark in the space at the end of the line.

1. The two atheletic directors are members of the committee. __________
2. He assumed all responsibility for the institute's ninth session. __________
3. Recomendations must be sent in immediately. __________
4. It is desirable to pay morgages before they are due. __________
5. She has desided to go in February. __________
6. The committee received his acknowledgment of the gift. __________
7. Both men were acquainted with the references. __________
8. The amount of the remittance was forty dollars. __________
9. He promptly entered into bankrupcy. __________
10. It is concievable that the ruling will be permanent. __________
11. The meeting was hastily interupted. __________
12. The proposal is definitly undesirable. __________
13. The date for the rehearsal is tentative. __________
14. She apologised for her slovenly appearance. __________
15. We beleive the projects should be separate. __________
16. It is not convenient to grant those priveleges. __________
17. Her fine education equiped her for a career. __________
18. Simple bookkeeping is the most desirable. __________
19. There were representatives from several goverments. __________
20. Experience shows that maintenence of property is expensive. __________
21. They are a constant nuisence to us. __________
22. If you develope measles, you will be quarantined. __________
23. The hotel could not accomodate all the delegates. __________
24. Several veterans were present for the ocassion. __________
25. She had purposely ommitted their names. __________

No. of Errors_______

Test Eight

Instructions: Some of the following sentences contain grammatical errors. There is only one error in a sentence. When you find an error, underline the one wrong word and write the correct word in the blank at the right. If a sentence is correct, put a check mark in the blank.

Example: Do not read aloud. ✓
Where was you today? were

My brother is taller than me. ____

Both parts of the drawbridge raise at once. ____

Don't get these kind of gloves. ____

Neither the president nor the manager are taking a vacation. ____

The murderer was hung yesterday. ____

No one would tell who he had voted for. ____

Three of us salesmen have tied for first place. ____

I wish that today was Sunday. ____

Whom did you say called to see him? ____

I can't hardly realize that the bill has been passed. ____

Just between you and I, he is not to be trusted. ____

Business conditions will look differently to you after you return from your vacation. ____

It has not been proved. ____

Neither the boy or the girl looks like you. ____

Such a phenomena is rare. ____

As I anticipated all along, the package containing the candies and the artificial flowers have come by parcel post and not by express. ____

Of course, Wilma, it is a disappointment not to receive a good grade, but you couldn't scarcely expect one this semester. ____

Good publishers now insist that all manuscripts sent to their offices be typewritten. ____

I am not sure who I should inquire for in order to secure the person in charge of the extension work. ____

Do you believe it will be all right to secure her services for the work in the office of the Metropolitan Life Insurance Company? ____

Neither the bureau nor the chest of drawers seem to be especially attractive. ____

Whom did you say would represent your company at the convention to be held in New York City? ____

Representatives aren't necessarily natives of this country. There is, as anyone can see, several good reasons for this. ____

From the beginning there has been few factories in this part of the country. ____

Neither Tennyson nor Browning were capable of reaching the heights of poetic power reached by Milton. ____

No. of Errors______________

1. You go to the store with 9 deposit bottles valued at 2¢ each and you buy groceries priced at $2.41. How much change do you get from a $5.00 bill? ________

2. Convert the fraction 1/4 to a decimal equivalent. ________

3. Five stakes are placed 35 yards apart in a straight line. How many yards is the first stake from the last? ________

4. What will the real estate taxes be for six months on a property valued for tax purposes at $8,000, if the tax rate is $2.27 per $100 of valuation per year? ________

5. Convert the fraction 1/8 to a decimal equivalent. ________

6. Five percent of a number is 80. What is the number? ________

7. You desire to purchase some ribbon which is selling for 30¢ a yard. In the project you are working on, you need 96 feet. What will your cost be? ________

8. Convert the fraction 2/5 to a decimal equivalent. ________

9. A man died and left an estate of $180,000. He willed 20% of it to a college, 20% to his church, 25% of it to his wife, with the remainder to be shared equally among his three children. How much did each child receive? ________

10. Jack wants to fence his yard which is 50 feet wide by 100 feet long. He wants to leave openings for two 3 foot gates. How many feet of fencing will he need and how much will it cost if fencing is selling for $12.00 for a 50 foot roll? (Partial rolls are not sold by the store.) ________

11. A rectangular bin completely filled has a capacity of 360 cubic feet. If the bin is 8 feet long and 9 feet wide, how deep is it? ________

12. Convert the decimal .75 to a fraction equivalent. ________

13. A secretary earned $400.00 and saved $80.00. What percentage of her earnings did she save? ________

14. The cost of a one-year fire insurance policy on a building has been quoted by the agent as $28.00. The agent tells you that a three-year policy can be purchased for 2.7 times the annual cost and that a five-year policy can be purchased for 4.4 times the annual cost. What is the cost of a three-year and a five-year policy? ________

15. Convert the decimal .5 to a fraction equivalent. ________

No. of Errors________

Test Ten

Instructions: Type the following letter and memorandum to be signed and mailed immediately. Use today's date and any acceptable business letter style. John H. Smith, Agent, will sign both items.

To: William E. Smalley
P. O. Box 131
Station K
Atlanta, GA 30145

Dear Mr. Smalley: Thank you for your letter of May 16 in which you give us additional information about your accident. Thank you also for returning the statement about the extent of your injuries. I am sorry to report that we shall have to decline your claim for benefits. Your policy contains no provisions for benefits if you are partially disabled. On the basis of the information contained in your statement and in your letter, we believe that your disability will be only temporary and that eventually you will recover completely from your injuries. If there are any questions we can answer for you regarding your policy, please let us know. We shall be glad to ask one of our representatives to see you at your convenience.

Sincerely yours,

BEST COPY AVAILABLE

Interoffice Memorandum – Today's Date

To the Staff
From: John H. Smith, Agent
Subject: Parking

As you have noted for the past several weeks, there has been some difficulty in the parking situation around our office building. As of today (date), I have made arrangements with the owner of the office building next door to allow us to park in his parking lot for the same price that his employees pay -- $5 per week. Please feel free to use his parking facilities if the need should arise.

BEST COPY AVAILABLE

JOB 3 - Establishment of Reference File
(Pages 20 - 27)

GRADING INFORMATION

		Possible Score	Actual Score
1.	Alphabetizing	25	______
2.	Format	25	______
3.	Zip Codes	25	______
4.	Typing	25	______
		100	

Special Instructions

One of the account executives has asked you to help him set up a quick reference file of the automobile insurance customers he services.

A partial listing is furnished for you to begin typing. Type all the information for each customer on index cards using the same format for each card. Also, include the Zip Codes on each address. Arrange the cards in alphabetical order.

Automobile Policyholders

Policyholder's Name & Address	Policy No. & Company	Renewal Date of Policy	Premium Amt.	How Paid
Sam Jones 293 Meadowcliff Dr. Atlanta, GA 30345	125315 Hartford	03/06/--	$335/yr.	Semi-Annually
William Cason 4101 Barr Circle Tucker, GA	WF1395 Safeco	09/30/--	993/yr.	Semi-Annually
W. P. Baker 135 Trinity Place Decatur, GA	35142 Travelers	04/05/--	554/yr.	Annually
John W. Robertson 1077 Curtis Dr. Forest Park, GA	95301 Continental	12/21/--	421/6 mos.	Semi-Annually

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Page 2

Cecil Chadwick 730 Piedmont Ave, NE Atlanta, GA	193151 Hartford	9/16/--	993/yr.	Quarterly
Robert Becker 339 Hawkins St, SW Marietta	243915 Reliance	10/21/--	341/yr.	Semi-Annually
Michael Mobley 315 Stone Mill Ct. Stone Mountain, GA	95136 Continental	1/1/--	643/yr.	Quarterly
Charles Riemenschneider 882 Gatehse Dr. Decatur, GA	51394 Safeco	2/16/--	535/yr.	Annually

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Page 3

Elizabeth Merton 727 Merosgo Dr., NE Atlanta, GA	95167 Continental	4/24/--	221/yr.	Annually
C. Douglas Williams, Jr. 683 Maple Lane Laurenceville, GA	187132 Hartford	6/20/--	505/yr.	Quarterly
Frank A. Robinson 2716 Beacon Dr. Doraville, GA	239510 Reliance	7/23/--	$1651/yr.	Quarterly
Mary Johnson 29 Fontaine Park Decatur, GA	176513 Hartford	11/13/--	$495/yr.	Semi-Annually

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Page 4

Johnson & Montgomery, Inc. 620 Peachtree St., NE Atlanta, GA	25631 Safeco	3/5/--	380/yr.	Annually
Gerald Pemberton, III 104 Lakeshore Dr. Conyers, GA	159314 Hartford	5/1/--	450/yr.	Semi-Annually
Shelton Simms, Jr. 3478 Wood Valley Dr. East Point, GA	98139 Continental	8/20/--	950/yr.	Quarterly
J. R. Matthews 3610 North Druid Hills Rd., NE Atlanta, GA	36431 Travelers	9/14/--	265/yr.	Semi-Annually

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Page 5

Gregg Viehmeyer Plantation Rd. Fairburn, GA	26793 Safeco	7/20/--	945/yr.	Quarterly
W. L. Yeomans 1880 S. Hampton Rd. College Park, GA	96314 Continental	10/15/--	430/yr.	Annually
Elmer Disharoon 2285 Northlake Pkwy. Tucker, GA	29781 Safeco	12/13/--	$560/yr.	Semi-Annually
Sarah Mobley 6768 Flint Place Jonesboro, GA	139317 Hartford	2/22/--	$195/yr.	Annually

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Marvin Hirsh, Sr. 2143 Marann Dr., NE Atlanta, GA	97153 Continental	3/25/--	$249/yr.	Annually
Marvin W. Hirsh 2301 N. Decatur Rd, NE Atlanta, GA	254618 Reliance	8/29/--	$835/yr.	Quarterly
Johnny Kilgore 5991 Pisgah Rd. Mableton, GA	96291 Continental	10/31/--	$693/yr.	Quarterly
Mary Morris 110 Willowick Dr. Decatur, GA	28613 Safeco	7/19/--	$96/yr.	Annually

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JOB 4 - Preparation of Premium Notices
(Pages 28 - 37)

GRADING INFORMATION

	Possible Score	Actual Score
1. Determination of Policyholders Whose Premiums are Due	25	_____
2. Determination of Premiums Amounts Due	50	_____
3. Appearance and Accuracy of Premium Notices	25	_____
	100	

Special Instructions

Assume that it is the first week in September. It is time to send out the premium notices for automobile insurance premiums that are due in October. Mr. Brown asked if you would help compute and type the premium invoices to the customers in the card file (the quick reference file for which you typed index cards earlier). Use the information provided on the cards to determine whose premiums are due in October.

If a customer pays quarterly, there is a $2.00 finance charge; if he/she pays semi-annually, there is a $1.00 finance charge; if he/she pays annually, there is no finance charge. Simply add the finance charge to the amount due.

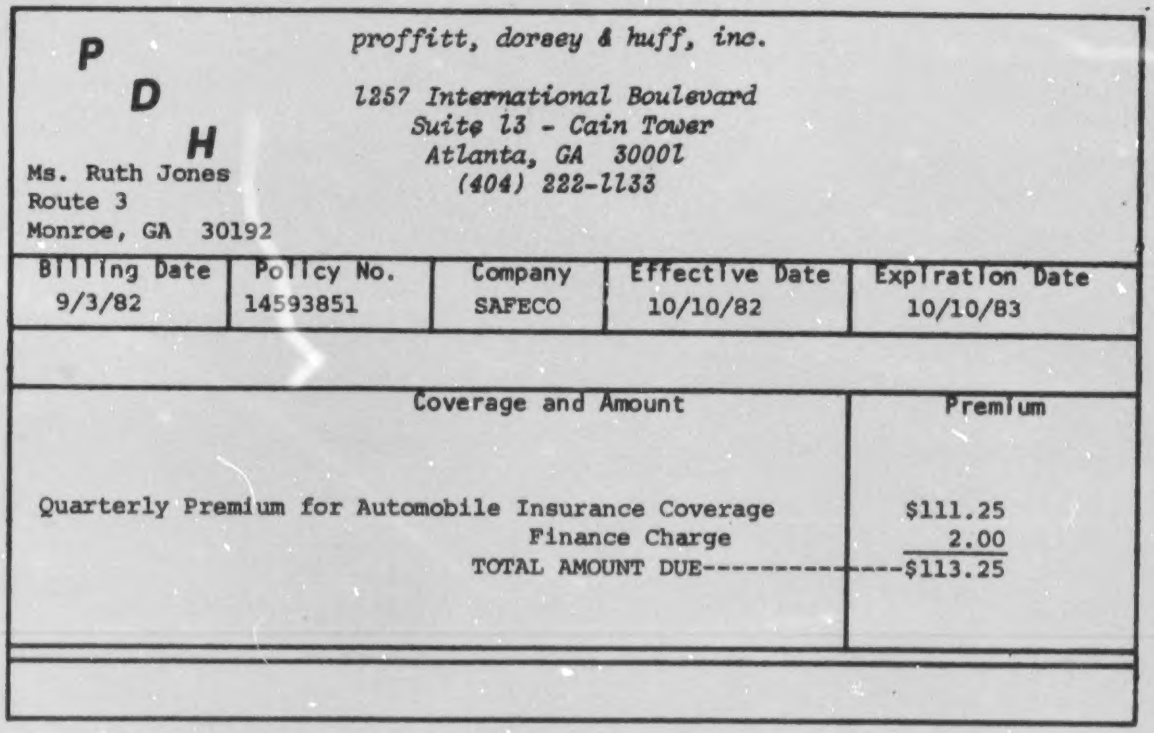
For example: Ruth Jones' premium is $445 per year.
She pays quarterly.

$445 divided by 4 = $111.25
finance charge 2.00

Total Due $113.25 Quarterly

A sample premium notice is included.

SAMPLE PREMIUM NOTICE



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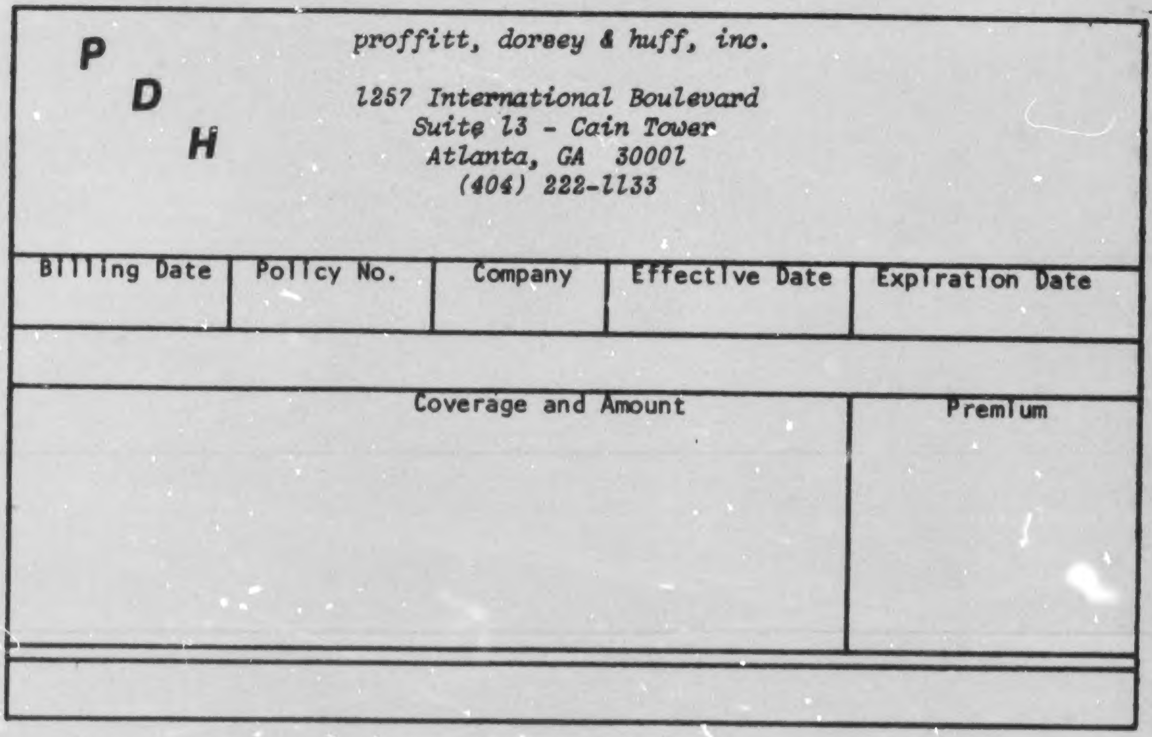
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

Ms. Ruth Jones
Route 3
Monroe, GA 30192

Billing Date	Policy No.	Company	Effective Date	Expiration Date
9/3/82	14593851	SAFECO	10/10/82	10/10/83

Coverage and Amount	Premium
Quarterly Premium for Automobile Insurance Coverage	$111.25
Finance Charge	2.00
TOTAL AMOUNT DUE-------------	---$113.25



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Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

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Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

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Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

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Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

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Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

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Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

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(404) 222-1133

Billing Date	Policy No.	Company	Effective Date	Expiration Date

Coverage and Amount	Premium

JOB 5 - Proofreading and Retyping from Drafts
(Pages 38 - 45)

GRADING INFORMATION

	Possible Score	Actual Score
1. Proofreading	50	_____
2. Appearance and Accuracy in Typing	50	_____
	100	

When you were out the other day, I had a clerk-typist to type a memo, a letter, and guidelines for our company; but due to the many errors, I was unable to mail them. Please proofread, correct, and type this material to be mailed.

Special Instructions

MEMO: Make one carbon copy and attach the original copy of the memo to the original copy of the guidelines to be given to Mr. Huff. File one copy of the memo and guidelines in our files.

GUIDELINES: Make two carbon copies. Please attach one carbon copy to the letter being sent to Mr. Bunn.

LETTER: Make one carbon copy. The clerk-typist failed to type the date, Zip Code, salutation, complimentary close, etc. Be sure to proofread carefully and make the necessary corrections.

TO: J. A. Huff, Jr., President

FROM: N. Lee Jordan, Administrative Services Manager

SUBJECT: Equal Employment Opportunity Policy & Guidelines

DATE: (Current)

Enclosed is the final copy of ~~Proffitt, Dorsey & Huff, Inc.~~ "Equal Employmet Opportunity Policy and Guidelines." ~~It is the~~ Proffitt, Dorsey & Huff, Inc. complies with the requirements of the Equal Employment Opportunity Act. Thanks, J. A., for assisting with this document.

In our correspondence with job applicants, we will included the following statement: "Proffitt, Dorsey, & Huff, inc. is an affirmative action/equal opportuniyt employer."

(attach this memo to the guidelines that follow.)

Mr. Walter Bunn, Legal Advisor
First National Bank
6010 Second Avenue South
Atlanta, GA

You are welcome to compre our ~~our~~ stated policy on affirative action with yours. Our policy is publisched and distributed to our customers, employment services, and others affected.

Center → **Affirmative Action ~~Program~~ Policy**

Proffitt, Dorsey & Huff, Inc., in recognition of this responsibility not only to its customers and employees but also to the communities in which it oeprates, reaffirms its Policy to hire qualified applicants and employees during their employment without ~~xxx~~ regard to race, religion, color, sex, age, or national orgin. In carrying out this responsibility:

1. We will recruit, hire, and promote for all job classifications without regard to rce, creed, color, national origin, sex or age, except where age or sex is a bona fied occupational qualification.
2. We will base decisions on employment souly upon an individual's qualifications for the positoin available.
3. We will make promotional decisions based on the individual's qualifications as related to the position for whihc he or seh is being considered.
4. We will insure that all other personnel actions such as compensation, bennefits, transfers, layoffs, returns from layoffs, company-sponsored training, tuition assistance, social and xxx recreational programs will be adminstered without regard to race, creed, color, national origin, age, or sex.

~~The successful achievement of a nondescriminatory employment program required a maximum of coorperation between management and employees. In fulfilling its part in this cooperative effort, management is obliged to lead the way by establishing and implimenting affirmative procedures and practices which will ensure our bojective, namely, equitible employment opportunity for all:~~

In order for Proffitt, Dorsey & Huff, Inc., to actively fulfill this policy, we require all customers and employemnt services to comly with this policy in their associaiton with Proffitt, Dorsey, & Huff Inc.

Proffitt, Dorsey & Huff, Inc. Equal Employment Policy and Guidelines

ALL CAPS & CENTERED

Proffitt, Dorsey & Huff, Inc. is commited to the principles of Equal Employment Opprotunity. In order to emphasize this commitment and to express its personal concern for making equal employment opprotunity within the company a reality, President J. A. Huff, Jr. issued the following general policy statement on August 31, 19--:

> "It is the policy of Proffitt, Dorsey & Huff, Inc. to provide equal opportunity in employment through the prohibition of discrimination against all applicants and employees because of age, race, color, creed or religion, sex, handicap, ancestry or national origin, and to take affirmative action to eliminate any barriers which have traditionally limited employment, compensation and advancement of women and minorities."

Recognizing that such a policy can not becone or remain a reality without an affective program, Proffitt, Dorsey & Huff, Inc. views its traditional policy of nondiscrimination as one that imposes an obligation actively to seek to increase the number of women and minority individuals employed in all job classifications within the corporation. Further, it obligates the corporation to provide and to make such persons aware of a system of equal compensation for comparable work and of equal employment opportunities for merited promotion. Affirmative action to implement this policy will be continuous and aggressive and will be based on the personal commitments of Proffitt, Dorsey & Huff, Inc. to be an Equal Employment Opportunity Affirmative Action employ~~ment~~er. Put on second page → ~~Proffitt, Dorsey & Huff, Inc.~~ The Administrative Services ~~Secretary~~ Manager works in cooperation with those having initial personnel responsiyilities to:

1. Develop affirmative action programs for the employment
ss
of women and minority individuals.

2. Identify problem areas where women and minority individuals are neither underutilized or absent form the work force.

3. Insure that all personnal actions, including, but not limited to, referals, placements, trasfers, promtions, terminations, and salary adjustments reflect equality of opportunity and treatment for women and minority individuals as compared with white males.

4. Develop effective systems and procedures for the continuous monitoring ~~monitoryn~~ and evaluation of all sapects fo the affirmative action programs in ~~on~~ this company.

5. Represent this corporation in working with the District Equal Employment Opportunity Office and with state and federal compliance review teams.

NOTE: I was unable to correct all errors because of a board meeting. Also the markings may be incorrect. Use the manuscript format in typing the guidelines.

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JOB 6 - Composition and Preparation of Correspondence and Table
(Pages 46 - 51)

GRADING INFORMATION

	Possible Score	Actual Score
1. Composition	60	____
2. Appearance and Accuracy	40	____
	100	

Please complete these three tasks for me by this afternoon.

(A) Compose a short memo and distribute it to all employees regarding the date and place for the company's annual picnic. The picnic this year will be held at Big Canoe on the fourth Saturday of this month. Use mimeograph for duplication.

Could we include on the memo a detachable portion indicating who will attend and how many family members and guests each employee will bring to the picnic? Could we also get employee preferences regarding food and entertainment? Have the employees fill out the detachable portion and return it to Miss Jones by the third Monday of this month.

(B) I need a list of our new clients and their addresses for the past two months. The information is attached. Would you please alphabetize them by their surname and prepare an attractive table. Heading should be New Clients for the Months of June and July, 19--. Also, you will have to look up the ZIP Code for each client's address. Make two carbon copies and have it on my desk by this afternoon.

(C) I see that Mr. Harpoole called while I was out of the office yesterday. Would you write him to come on the 28th at 3 o'clock. At that time, I'll be able to talk to him about the proposed plan of group insurance which his company is planning to take. Also, I'll have the preliminary figures which will include 250 employees in this blanket policy.

Henry B. Wilson
7296 South Main St.
Ballground, GA

Hiram F. Friedsam
P. O. Box 2169
Jasper, GA

Mrs. Jeanette Jordan
Star Route
Juno, GA

Frank J. Janowski
232 Chagrin Rd.
Ellijay, GA

Peter M. MacLaine
P. O. Box 102
Dawsonville, GA

Miss Movelda J. Lee
180 Quall St.
Ellijay, GA

Fred B. Friedel
176 Mtn. View Rd.
Jasper, GA

Samuel B. Golden
220 N. Main St.
Jasper, GA

William M. Marriott
15 Olivia Ave.
Jasper, GA

L. R. Lindletter
916 Travis Bldg.
Ballground, GA

Mrs. Jennifer L. Hollowitz
19 West First St.
Ellijay, GA

Mrs. Anne H. Zeno
264 Forest Lane
Jasper, GA

Arthur A. Albritten
201 Weststone Dr., SW
Ellijay, GA

Thomas B. Harpook
306 Douglas Street
Dawsonville, GA

Ulysses L. Gravelley
Jones Mtn. Rd.
Juno, GA

Clyde M. Petrosky
P. O. Box 3560
Ballground, GA

David N. Norton
Cove Mtn. Rd.
Nelson, GA

Quinley B. Schmidt
500 Grant St.
Ellijay, GA

John F. Berkeley
410 Monty Ave.
Talking Rock, GA

Steve A. Hartley
Time Square
Juno, GA

Elvis J. Stephens
318 College Ave.
Ellijay, GA

Arnold B. Franklin
1186 Hood Rd.
Dawsonville, GA

Jacob L. Jackson
892 Spring St.
Marblehill, GA

Jack T. Bell
P.O. Box 898
Nelson, GA

Blondie Billings
P.O. Box 796
Fairmount, GA

Clayton N. Washington
Star Route
Holly Springs, GA

Fred C. Cox
183 Rocky Rd.
Nelson, GA

L. J. Peterson
1001 Park Central Ave.
Jasper, GA

H. D. Cameron
Star Route
Juno, GA

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JOB 7 - Edit, Correct, and Type Letters and Memos
(Pages 52 - 59)

GRADING INFORMATION

	Possible Score	Actual Score
1. Editing	60	_____
2. Appearance and Accuracy in Typing	40	_____
	100	

Would you please proofread, correct, and type these letters to be mailed. The person who typed them did not do a good job, and I was unable to make the necessary corrections.

Special Instructions

Use the letterhead provided. Make one carbon copy of each letter to be filed. There are many misspelled words, etc.; be sure to proofread carefully and have these letters on my desk by this afternoon.

(Current Date)

Randall E. Johnson
205 East 17 St. Spell Out
Jasper, GA

Dear Mr. Johnson:

The enclosed statment is for you Comprehensive Dewlling Policy, a three-year policy paid annually. The premium due date is the date shwon on the statment.

I have reveiwed your present policy covereges, Mr. Hohnson, and I have no recomendation for changes that would improve the portection previded by this policy at this time. If your should have any questoins concerning this insurance, please call myself.

You business with our office is apperciated. Let me know whenever I can give you any assistence or information on your insurance.

Sincerely Yours,

N. Lee Jordan
Administrative Services Manager

xx

Enclosure

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(Current Date)

Mr. Gary Peterson
533 Nye Street
Jasper, Georgia

SUBJECT: Automobile Insurance Renewal

Dear Mr. Person:

An automobile creates a lot of risk for it's owner. As you know, the driver won'ts complete coverage by insurance if ~~s~~she or he should be in volved in a automobile acident.

The enclosed renewal policy provides comprehensive protection for you for another yaer. The policy has been checked carefully by our staff.

It is our pleasure to serve you, and as a token of our apperciation we are enclosing a key chain for you personnel use.

Yours Sincerely

N. Lea Jordan
Administrative Services Manager

xx

Enclosures: Policy #41628
Key Chein

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1257 International Boulevard
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

spell out

TO: Miss Sally Frond

FROM: N. Lee Jordan, Adm. Ser. Manager

SUBJECT: Your Contributoin to Proffitt Dorsey & Huff Inc.

DATE: (Current)

4 spaces

Mr. Smalley has infromed me that you are an excellent worker and that you have made some time and money-saveing sugestions for our compnay.

I especially wish to comend you for the suggestoin of useing window envelopes and thus saving the time it take to type the inside address a second time. Not only will your suggestion save time, but also it will eliminate the posibility of errors which might arise because of placing xx a letter in the wrong enevelope.

It is a pleasure, Miss Frond, to have intellgent employees like you working for Proffitt, Doresy & Hutt, Inc.

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(404) 222-1153

JOB 8 - Completion of Accident Report; Compose and Type Letter of Transmittal
(Pages 60 - 74)

GRADING INFORMATION

	Possible Score	Actual Score
1. Assimilation of Information	30	____
2. Appearance and Accuracy of Report	20	____
3. Composition	30	____
4. Appearance and Accuracy of Letter	20	____
	100	

Find the incoming letter from Ms. Mary Morris concerning her automobile accident.

Please type the "Claimant's Report of Automobile Accident" using the information in Ms. Morris' letter. Make three (3) copies of this report--an original and two (2) carbons.

Also, write Ms. Morris a letter (at her home address) thanking her for her detailed letter. Tell her that it contained all the information needed. Send her a copy of the typed accident report. You might also mention that we are sorry about her accident but glad that there were no injuries.

110 Willowick Dr.
Decatur, GA 30038
August 20, 19--

Proffitt, Dorsey & Huff, Inc.
Cain Tower
Atlanta, Ga.

Gentlemen:

As I discussed with you yesterday by phone, I had an automobile accident on 8-18 while vacationing in Seattle. You asked that I write you informing you of the exact details of the accident so that you could take care of the necessary paperwork.

I was driving my 4-door, 1978 Ford Torino, License no. MXG171, about 6 pm on U. S. Hwy. 174, 15 miles south of Seattle. The setting sun was shining directly into my eyes and blinded me as I turned a curve. My car went out of control and went down an embankment. The car overturned. Fortunately, neither my sister nor I was injured, but it did considerable damage to my car. There were no other persons involved in the accident other than my 40 year-old sister who was a passenger in my vehicle. My sister is Mrs. Louise Clement and lives at 741 Powatan Ave., Isles of Palms, S.C. She has no telephone.

The only witness to the accident was Charles D. Davis of 1751 Mereland St., Seattle, who was behind me on the highway. His phone number is 206-751-9321.

My car was dented rather badly. I went down the embankment on the right side of the road, and the car rolled right denting the entire right side and all of the top. A wrecker was called and towed the car to Moon's Wrecker Yard. As of today, I have had no estimates done on the damage. The car will remain at Moon's Wrecker Yard until estimator arrives.

I was driving approximately 50 mph in a 55 mph speed limit area. I was going West on U.S. Hwy. 174. It was a clear evening, and the accident occurred just before sunset. The State Highway Patrol arrived about 20 minutes following the accident but gave me no ticket as I had violated no traffic regulations.

As you know, I have full coverage with SAFECO so I hope there will be no delay in taking care of this matter. As soon as the estimates arrives, and I get some action started on my claim, I shall fly home.

In the meantime, if you should need to contact me, I can be reached at The Hyatt Regency, Downtown, Seattle.

I hope the above information is sufficient for you to take care of the paperwork concerning my claim. I would certainly appreciate an early settlement of this so that I can get home. Since I am a teacher at Lakeside High School in Atlanta, I must be home for the beginning of school on August 26.

Thank you for your help in this matter.

Yours truly,
Mary Morris

P. S. My driver's license No. is 247568820. My home telephone No. is 634-7511 (area code is 404).

REPORT OF ACCIDENT AND CLAIM

For Office Use Only
Claim No.

Date of Accident ____________ 19__ Time ____ A.M. P.M. Dark___ Light___

Place of Accident ______________________________
Street City State

YOUR CAR Year______ Make______ Body Style______ Lic. No.__________

Owned By__________________ Address__________________
Street City State

Driven By__________________ Address__________________
Street City State

Driver's Age_____ Was Driver on Any Mission for Owner of Car? Yes__ No__ If Yes, Explain__________

Kind of Insurance Carried-Liab. __Med. Pay__Comp. __Coll. Amount of Deductible__________

Policy No.__________. Name of Insurance Co.__________ Name of Agent__________

Has Accident Been Reported to Your Company __Yes __No Where May Car Be Seen?__________

Has Any Part of Your Damage Been Paid By Your Company __Yes __No Amount___

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names Addresses Ages

____
Street City State

____
Street City State

____
Street City State

OTHER CAR Make__________ Body Style________ Lic. No.__________

Owned By__________________ Address__________________
Street City State

Driven By__________________ Address__________________
Street City State

THE ACCIDENT Were Police There? __Yes__No From What Station?__________

Officer's Badge No.________(Name, If Known)______________________________

Names and Addresses of All Other Witnesses:

Names	Addresses
______________________	____
______________________	____

Was Anyone Injured in Your Car? __Yes__No If So, Who?____________________

Was Anyone Injured in Other Car?__Yes__No If So, Who?____________________

Describe Injuries____

Name of Attending Dr______________________Address_________________________

Street Name & Direction You Were Traveling______________________Speed____

Street Name & Direction Other Car Traveling_____________________Speed____

What Traffic Control Was There?____

What Were Weather Conditions?________________Condition of Pavement________

What Attracted Your Attention to Other Car?______________________________

How Far from Intersection Were You? __________________Other Car?__________

Was Speed of Your Car Reduced?____Increased?____Other Car Reduced?__________ Increased?____

Did You See Other Car Prior to Impact?__Yes__No Did You Sound Horn?__Yes__No Did Other Car?__Yes__No

What Signal Did You Give?____________________Other Car?___________________

Any Skid Marks Made by Your Car?__Yes__No Length____Other Car?__Yes__No Length______

What Part of Your Car Was Damaged?_______________________________________

Estimated Cost of Repairs $______________Who Made the Estimate?____________

Have Repairs Been Made? __Yes__No What Part of Other Car Damaged?__________

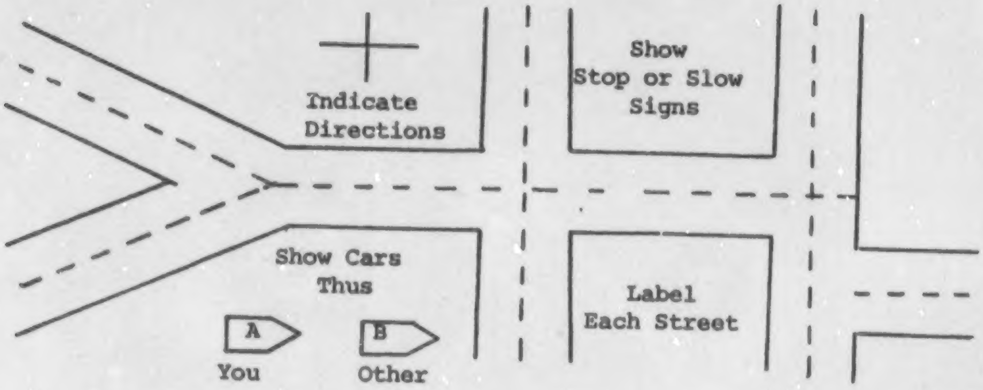
Were All Your Lights On?__Yes__No Other Car?__Yes__No Was Place of Accident Well Lighted?__Yes__No

What Statements Were Made by You or Other Party about Accident After It Occurred?____

____

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.


Indicate Directions
Show Stop or Slow Signs
Show Cars Thus
A
You
B
Other
Label Each Street

State Briefly How Accident Happened ____________________

____

____

____

Are You Making Claim for Damages on Account of the Accident? __ Yes __ No

If Yes, Against Whom? ____________________ In What Amount? ________

I Hereby Declare That The Facts Stated In This Report Are True.

Signed ____________________ Date ____________ 19___

Address ____________________
Street City State

Residence Telephone ____________ Business Telephone ____________

Occupation ____________________

Witness' Signature ____________________

Address ____________________

REPORT OF ACCIDENT AND CLAIM

For Office Use Only Claim No.

Date of Accident____________________19__ Time_____ A.M. P.M. Dark___ Light___

Place of Accident____
Street City State

YOUR CAR Year_______Make_______Body Style_______Lic. No.__________

Owned By________________________Address________________________
Street City State

Driven By________________________Address________________________
Street City State

Driver's Age_____ Was Driver on Any Mission for Owner of Car? Yes__No__ If Yes, Explain__________

Kind of Insurance Carried-Liab. __Med. Pay__Comp.__Coll. Amount of Deductible__________

Policy No.____________ Name of Insurance Co.____________ Name of Agent__________

Has Accident Been Reported to Your Company __Yes __No Where May Car Be Seen?__________

Has Any Part of Your Damage Been Paid By Your Company __Yes __No Amount___

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names Addresses Ages

____
Street City State

____
Street City State

____
Street City State

OTHER CAR Make__________Body Style__________Lic. No.__________

Owned By________________________Address________________________
Street City State

Driven By________________________Address________________________
Street City State

THE ACCIDENT Were Police There? __Yes__No From What Station?__________

Officer's Badge No.________(Name, If Known)______________________

Names and Addresses of All Other Witnesses:

Names	Addresses
____________________	________________________________
____________________	________________________________

Was Anyone Injured in Your Car? __Yes__No If So, Who?__________________

Was Anyone Injured in Other Car?__Yes__No If So, Who?__________________

Describe Injuries____

Name of Attending Dr____________________Address__________________

Street Name & Direction You Were Traveling____________________Speed____

Street Name & Direction Other Car Traveling____________________Speed____

What Traffic Control Was There?________________________________

What Were Weather Conditions?______________Condition of Pavement________

What Attracted Your Attention to Other Car?__________________________

How Far from Intersection Were You? ________________Other Car?__________

Was Speed of Your Car Reduced?____ Increased?___Other Car Reduced?________ Increased?____

Did You See Other Car Prior to Impact?__Yes__No Did You Sound Horn?__Yes__No Did Other Car?__Yes__No

What Signal Did You Give?________________Other Car?______________

Any Skid Marks Made by Your Car?__Yes__No Length____Other Car?__Yes__No Length_____

What Part of Your Car Was Damaged?_____________________________

Estimated Cost of Repairs $____________Who Made the Estimate?__________

Have Repairs Been Made? __Yes__No What Part of Other Car Damaged?__________

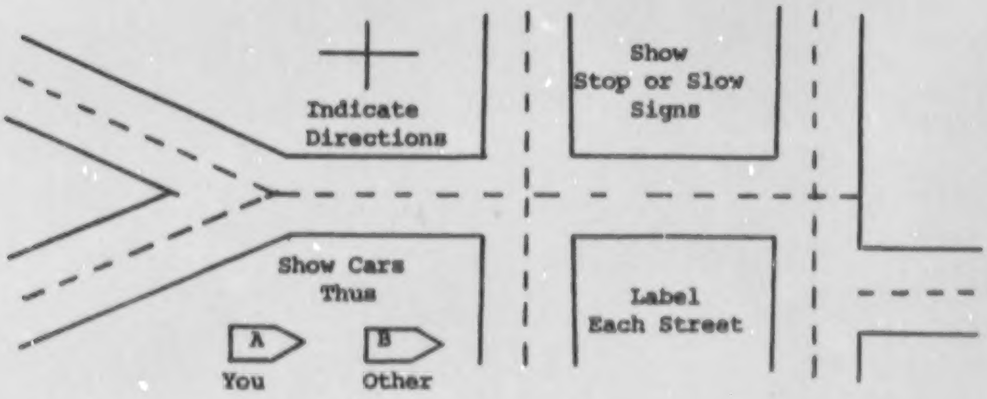
Were All Your Lights On?__Yes__No Other Car?__Yes__No Was Place of Accident Well Lighted?__Yes__No

What Statements Were Made by You or Other Party about Accident After It Occurred?____

____

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.


Indicate Directions
Show Stop or Slow Signs
Show Cars Thus
A
You
B
Other
Label Each Street

State Briefly How Accident Happened________________________________

____

____

____

Are You Making Claim for Damages on Account of the Accident?__Yes__No

If Yes, Against Whom?__________________________In What Amount?________

I Hereby Declare That The Facts Stated In This Report Are True.

Signed____________________________________Date____________19_____

Address____
Street   City   State

Residence Telephone__________________Business Telephone______________

Occupation____

Witness' Signature____

Address____

REPORT OF ACCIDENT AND CLAIM

For Office Use Only
Claim No. ____________

Date of Accident ______________________19__ Time______ A.M. P.M. Dark___ Light___

Place of Accident ____
Street City State

YOUR CAR Year________Make________Body Style________Lic. No.____________

Owned By______________________________Address______________________________
Street City State

Driven By______________________________Address______________________________
Street City State

Driver's Age_____ Was Driver on Any Mission for Owner of Car? Yes__No__ If Yes, Explain______________

Kind of Insurance Carried-Liab. ___Med. Pay___Comp.___Coll. Amount of Deductible____________

Policy No.______________ Name of Insurance Co.______________ Name of Agent______________

Has Accident Been Reported to Your Company __Yes __No Where May Car Be Seen?______________

Has Any Part of Your Damage Been Paid By Your Company __Yes __No Amount___

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names Addresses Ages

____
Street City State

____
Street City State

____
Street City State

OTHER CAR Make____________Body Style__________Lic. No.______________

Owned By______________________________Address______________________________
Street City State

Driven By______________________________Address______________________________
Street City State

THE ACCIDENT Were Police There? __Yes__No From What Station?__________

Officer's Badge No.________(Name, If Known)____________________

Names and Addresses of All Other Witnesses:

Names	Addresses
____________________	______________________________
____________________	______________________________

Was Anyone Injured in Your Car? __Yes__No If So, Who?____________

Was Anyone Injured in Other Car?__Yes__No If So, Who?____________

Describe Injuries______________________________________

Name of Attending Dr__________________Address______________

Street Name & Direction You Were Traveling__________________Speed____

Street Name & Direction Other Car Traveling__________________Speed____

What Traffic Control Was There?____________________________

What Were Weather Conditions?____________Condition of Pavement________

What Attracted Your Attention to Other Car?______________________

How Far from Intersection Were You? ______________Other Car?________

Was Speed of Your Car Reduced?_____Increased?____Other Car Reduced?________
Increased?____

Did You See Other Car Prior to Impact?__Yes__No Did You Sound Horn?__Yes__No
Did Other Car?__Yes__No

What Signal Did You Give?______________Other Car?____________

Any Skid Marks Made by Your Car?__Yes__No Length____Other Car?__Yes__No
Length______

What Part of Your Car Was Damaged?__________________________

Estimated Cost of Repairs $____________Who Made the Estimate?__________

Have Repairs Been Made? __Yes__No What Part of Other Car Damaged?________

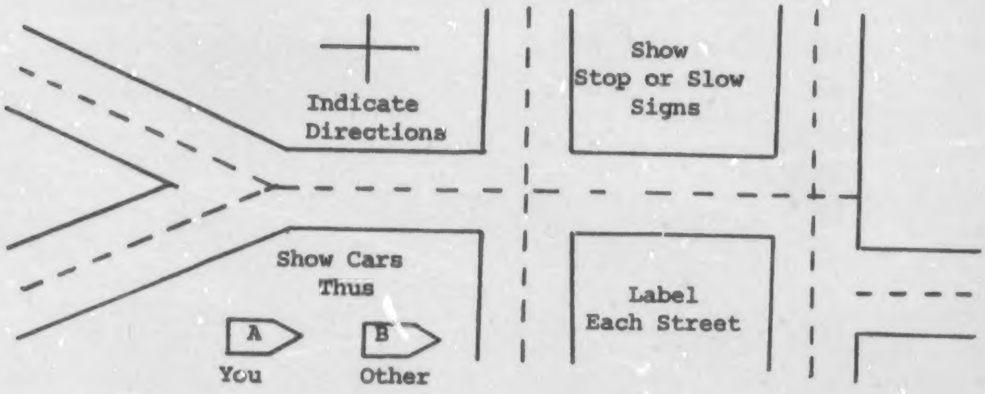
Were All Your Lights On?__Yes__No Other Car?__Yes__No Was Place of Accident Well Lighted?__Yes__No

What Statements Were Made by You or Other Party about Accident After It Occurred?______________________________________

____

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.


Indicate Directions
Show Stop or Slow Signs
Show Cars Thus
A
You
B
Other
Label Each Street

State Briefly How Accident Happened________________________________

____

____

____

Are You Making Claim for Damages on Account of the Accident?__Yes__No

If Yes, Against Whom?______________________In What Amount?________

I Hereby Declare That The Facts Stated In This Report Are True.

Signed______________________________Date______________19_____

Address____
Street City State

Residence Telephone________________Business Telephone____________

Occupation____

Witness' Signature____

Address____

P D H

proffitt, dorsey & huff, inc.

1257 International Boulevard
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

JOB 9 - Dictation and Transcription of Four Letters
(Pages 75 - 80)

GRADING INFORMATION

	Possible Score	Actual Score
1. Accuracy and Appearance of Transcription:		
a. Accuracy of Transcription	40	______
b. Punctuation	35	______
c. Format and Appearance	25	
	100	

Special Instructions

Use Cassette One, Side One, for this job. Your instructions are to take, in shorthand, the four letters dictated from your shorthand notes. Use the letterhead provided and make one carbon copy of each letter for filing.

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JOB 10 - Transcription and Reproduction of Correspondence; Diagnosing and Correcting Minor Errors

(Pages 81 - 85)

GRADING INFORMATION

	Possible Score	Actual Score
1. Accuracy and Transcription	60	____
2. Accuracy and Appearance of Masters	30	____
3. Appearance of Copies	10	____
	100	

Use Cassette Two, Side One, for this job. Your instructions are to take, in shorthand, two letters, one memo, and one speech dictated on the cassette provided. Transcribe the correspondence for mailing from your shorthand notes.

Special Instructions

When typing the memo, prepare ten copies to distribute to all employees of our firm. Use the spirit duplicator to duplicate the memo.

Type the speech in all capital letters on 5 x 8 cards and triple space. I am not pleased with the title; therefore, I want you to think of a better title and use it.

There are some minor errors in the dictated material; therefore, be sure to correct them.

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JOB 11 - Composing and Typing a Letter with Carbon Copies, Envelope and Carbon Copy Notations
(Pages 86 - 88)

GRADING INFORMATION

	Possible Score	Actual Score
1. Composition	60	_____
2. Appearance and Accuracy	40	_____
	100	

Special Instructions

Please write a letter to Raymond T. Simmons, President, Typewriters, Inc., 697 Industrial Blvd., Atlanta 30348, telling him about the difficulty we have had with their service on our automatic typewriter. Inform him of the incident last week in which his service department was asked to bring us an automatic typewriter we could use while ours was being repaired. As you recall, the serviceperson did not bring one, but stated he could fix ours here in the office. After two hours, he said he had to take it with him to the shop where he had the necessary equipment to repair it.

Also inform Mr. Simmons that the repairman promised to return the typewriter before noon the following day. When he did not return the machine, we called the repair department repeatedly to remind them of this. Each time we called, we were told that the machine would be completely finished by the following day.

As you know, it has now been over a week, and we have called another company. They have sent over a machine that is comparable to the one we bought from Typewriters, Inc. Tell Mr. Simmons that we are going to try out this new typewriter; and if it is comparable to theirs and continues to give the excellent service it has displayed so far, we shall buy this machine. Ask Mr. Simmons if there is anything he can do to help us with our problem.

I think you are well aware that we have become dependent on this automatic typewriter as a tremendous time saver in sending out renewal notices, solicitation letters, acknowledgements of claims, etc.

Just sign your name to the letter since I'll be at the convention in Houston. Send a carbon copy of this letter to Financial Data Services with a note informing them not to pay any bills from Typewriters, Inc. until you "OK" them. Address envelope.

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JOB 12 - Compose, Type, and Reproduce Mailout; Compose, Type, and Reproduce Letter; Address Envelopes; Fold and Insert Correspondence into Envelopes

(Pages 89 - 94)

GRADING INFORMATION

	Possible Score	Actual Score
1. Originality and Credibility of Mailout	40	
2. Composition of Letter of Transmittal	30	
3. Addressing Envelopes and Inserting Correspondence	5	
4. Appearance and Accuracy	20	
5. Reproducing Copies	5	
	100	

Special Instructions

Type and reproduce draft of a "mailout" to all our customers who have 10/20/5 liability coverage on their automobile insurance. Make this as "eye catching" as possible. Anything creative and attention getting that you can come up with will be appreciated.

Also, prepare a letter of transmittal to accompany this mailout. Go ahead and sign my name as I am anxious to get this in the mail.

A list of those customers who now have 10/20/5 coverage is included. Address envelopes and insert materials. For appropriate addresses, refer to Job 3.

DRAFT OF MAILOUT

What Liability Coverage Do You Have?

As one of our current automobile policyholders, we feel a responsibility to you to make sure that you understand the liability coverages you have.

You see, so often an individual thinks he/she is fully covered; and when he/she has an accident and has to pay a considerable amount "out of his/her pocket," the agent usually gets the blame.

Do you understand your current liability coverage of 10/20/5 – which is the minimum required by state law? As you know, liability insurance pays the "other guy" for damages resulting from an accident. A Family Automobile Policy with limits of 10/20/5, as you have, protects up to a maximum of $10,000 for the bodily injury claim of any one person, $20,000 for the total of all bodily injury claims in the accident, and $5,000 for all the property damage.

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The following might help you to understand this better:

$$\underbrace{10 \;/\; 20} \;/\; \underbrace{5}$$

Bodily Injury
$10,000 each person
$20,000 each accident

Property
Damage
$5,000

Should the claims amount to more than these coverages, you, as the insured, are responsible for the additional amount.

Some years ago when these minimum limits were set by law, perhaps this was adequate coverage; but today with rising costs, particularly hospitalization, this coverage is no longer sufficient. For instance, if you have an accident and "total" the other new car, the $5,000 property damage that you now have will no longer pay for a new car. If there are four

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(3)

people injured in the other car, the $20,000 bodily injury per occurrence that you now have will not go very far on a hospital bill for four people.

Should you desire premium rates on increased coverage, please call us. We are in business to serve you.

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JOB 13 - Preparation of Two Account Summaries
(Pages 95 - 101)

GRADING INFORMATION

	Possible Score	Actual Score
1. Synthesis and Categorization of Pertinent Information	40	______
2. Accuracy of Computations	40	______
3. Accuracy and Appearance of Typing	20	______
	100	

Prepare two Account Current Summaries for the month of September: one for insurance policies issued through the Big J Fire & Casualty Company and the other one for insurance policies issued through Jackson Life Insurance Company. Samuel Ramsey is the agent for Big J, and Hoke Cain is the agent for Jackson Life. Refer to the special instructions for the rates of commissions paid on the various kinds of insurance. Be sure and type the final forms.

Special Instructions

This agency is responsible for collecting all premiums and paying these amounts to insurance companies; therefore, this agency earns a commission when a policy is sold. Your job is to compute the commission and find how much this agency owes the insurance companies.

For example, if the premium is $320 and the commission is 15%, Proffitt, Dorsey & Huff, Inc. owes Big J the sum of $272.

Premium	$320
Commission 15% of $320	48
Balance Due Company	$272

A schedule of the rates of commission paid by the companies with which our agency does business is listed below:

Automobile Insurance	15%
Burglary and Theft	17 3/4%
Fire Insurance	35%
Homeowner's Insurance	25%
Household Furniture	20%
Public Liability	15 1/2%
Workmen's Compensation	10%

It is required that payment of premiums to the companies be made by the first day of the second month following the month in which the policies are dated. That means that all policies dated in June must be paid by August 1; those policies dated in July must be paid by September 1; and so on.

The form listing the insurance policies that are to be paid on a certain date is known as the Account Current Summary. On the first line of the form, type the name of the agency (PD&H, Inc.) and the agent's name. On the second line, type the name of the insurance company and the month in which the policies were dated. Use a separate form for each company.

For example, in the first column type the policy numbers of Big J which were dated in July; in the second column type the premiums of these policies. The third column shows the premiums returned to policyholders because of cancellation. If there is a return premium, then bracket this amount to be deducted from the total gross premium. In Column Four type the amount of the premium. In Column Five type the percent of commission which the PD&H, Inc. is entitled to receive; and in Column Six type the amount of commissions. This is done by multiplying the rate or percent of commission by the amount shown in the net premium column. Next, add all columns and prove the total of the "Balance Due Company" column by subtracting the total of the "Net Commissions" column from the total of the "Net Premiums" column.

Example

ACCOUNT CURRENT SUMMARY

AGENCY Proffitt, Dorsey & Huff, Inc. AGENT John Doe

COMPANY Universal Life MONTH OF (Current)

INSURANCE WRITTEN	PREMIUMS							COMMISSIONS		BALANCE DUE COMPANY	
	GROSS PREMIUMS		RETURN PREMIUMS		NET PREMIUMS		%	NET COMMISSIONS			
HO 648770	248	50			248	50	25	62	13	188	37
HO 647584	---		24	10	(24	10)	25	(6	03)	(18	07)
TOTALS	248	50	24	10	224	40		56	10	168	30

INFORMATION SHEET

Policyholders	Date	Company	Insurance	Policy No.	Premium
Allen Green, 220 Green St.	July 1	Jackson Life	Homeowners	HO 58796	$ 343.00
Tommy Dogwood, 19 Bellwood Ave.	July 2	Big J	Automobile	FC 34879	182.50
Patrick Jones, P. O. Box 34	July 4	Big J	Workmen's Comp.	WC 45890	75.00
Willie Black, Route 3	June 5	Big Jack	Household Furn.	HF 23176	44.80
Dick Tracy, 109 Kildare St.	July 10	Jackson Life	Burglary & Theft	BT 89045	92.40
Joseph Pugh, 89 Bielow Ave.	July 10	Jackson Life	Fire Insurance	FI 64532	107.35
Pat Ryan, 209 Stovetop Dr.	July 11	Big J	Homeowners	HO 98790	456.90
Nicole Drake, P. O. Box 89	July 12	Jackson Life	Furniture	HF 23879	167.45
April Cavenaugh, 890 First Ave.	July 12	Jackson Life	Public Liability	PL 1745	89.37
Chuck Reese, Star Route	July 13	Big J	Automobile	FC 34935	289.56
William Albrecht, Route 2	July 13	Jackson Life	Burglary & Theft	BT 89178	67.43
Johnnie Sampson, Bellwood St.	July 13	Big J	Workmen's Comp.	WC 45892	59.42
W. C. Woodstock, Pinewood Ave.	July 15	Big J	Automobile	FC 34652	395.41
James E. Laramie, P. O. Box 39.	July 15	Jackson Life	Automobile	FC 34589	219.78
Jane Overstreet, 102 Piney Dr.	July 17	Jackson Life	Fire Insurance	FI 64549	567.98
Buford White, 26 Cove Rd.	July 18	Big J	Furniture	HF 34880	89.60
Alfred Kelzenski, Star Route	July 18	Jackson Life	Public Liability	PL 1754	75.64
Frankie McGhee, 60 Myrtle St.	July 20	Big J	Burglary & Theft	BT 89190	19.95
Buck Chastain, Box 45A-11	July 20	Big J	Automobile	FC 34675	560.89
Dannah O'Neal, Box 207H-11	July 21	Jackson Life	Homeowners	HO 98453	489.67
Vernon L. Tate, Star Route	July 21	Jackson Life	Public Liability	PL 1732	97.23
A. L. Goode, 89 Misty Way	July 22	Big J	Burglary & Theft	BT 89023	2,345.89
Hugo Tully, 172 Rose Ave.	July 22	Jackson Life	Fire Insurance	FI 64555	897.50
Marilyn O'Casey, 78 Maple Dr.	July 23	Big J	Homeowners	HO 98798	645.33
Lyman Byers, 114 Day Ave.	July 25	Big J	Furniture	HF 34934	187.34
Gary Henley, 275 Dixie Rd.	July 26	Jackson Life	Workmen's Comp.	WC 45230	732.98
Bob Faith, 103 Senca Dr.	July 26	Jackson Life	Automobile	FC 34243	158.67
Alexander Meriweather, Box 98	July 30	Big J	Automobile	FC 34680	52.48
Victor Lord, 890 Baxter St.	July 31	Big J	Homeowners	HO 98482	164.52

INFORMATION SHEETS

Cancellations

Policyholders	Date	Company	Insurance	Policy No.	Return Premium
Lester Harris, Star Route	July 23	Big J	Furniture	HF 34913	$34.87
Ralph Clayton, 230 Oak Lane	July 26	Jackson Life	Homeowners	HO 98799	67.40
Flint McCoy, Box 3456-123	July 31	Jackson Life	Public Liability	PL 1723	19.45

ACCOUNT CURRENT SUMMARY

AGENCY____ AGENT_______________

COMPANY_______________________________________ MONTH OF_____________

INSURANCE WRITTEN	PREMIUMS						COMMISSIONS			BALANCE DUE COMPANY	
	GROSS PREMIUMS		RETURN PREMIUMS		NET PREMIUMS		%	NET COMMISSIONS			
TOTALS											

ACCOUNT CURRENT SUMMARY

AGENCY____ AGENT________________

COMPANY_______________________________________ MONTH OF______________

INSURANCE WRITTEN	PREMIUMS						COMMISSIONS			BALANCE DUE COMPANY	
	GROSS PREMIUMS		RETURN PREMIUMS		NET PREMIUMS		%	NET COMMISSIONS			
TOTALS											

JOB 14 - Editing, Retyping and Reproducing Letter to Stockholders; Typing and Reproducing Memo to Stockholders; Supplying Omitted Zip Codes, and Preparing Nine (9) Envelopes; Inserting Correspondence into Envelopes

(Pages 102 - 124)

GRADING INFORMATION

	Possible Score	Actual Score
1. Letter to Stockholders	50	_____
2. Memo to Stockholders	30	_____
3. Accuracy and Appearance of Envelopes, including Correct Zip Codes	20	_____
	100	

PROFFITT, DORSEY & HUFF, INC.

LETTER TO STOCKHOLDERS

Special Instructions

Attached is a rough draft of a letter to stockholders, one copy of which should go to each board member for approval. Attached is a list of board members, also. Please send all originals. Edit for grammar, spelling, punctuation, etc. Obtain Zip Codes and show complete addresses, titles, etc. The following memo should accompany each letter.

> "Attached for your approval is the letter discussed at our last meeting. Please read this and if it meets with your approval, simply keep it for your file. Otherwise, make suggested changes and return it to me before (indicate first day of month to follow). This letter is scheduled for mailing on (indicate 15th day of month to follow).
>
> Thank you."

Please type both letter and memo on letterhead stationery and prepare envelopes for mailing.

J. A. II

LETTER TO STOCKHOLDERS

In 1981, Proffitt, Dorsey & Huff, Inc. sustained its long-term record of progress with sales and income at all-time highs. Net income in 1981, you will recall, was $95 million, or $3.03 per share compared with $89 million, or $2.83 per share in 1980, dash an increase of 6.5%. Insurance in force shows an overall increase of 8% over 1980.

Gains were primarily due to new offerings in the form of discounts on multi-family coverage, or "Community Pooling." This concept which originated with PD&H in July of 1980 has gained recognition throughout the industry. A survey of Georgia communities, concluded ~~townships, etc., found~~ that definite trends xxx are identifiable insofar as claims experience is concerned, in communities of comparable size, social structure, industry economics and other factors which were ~~have been~~ discussed with you last month. As a result, 205 ~~of our~~ Georgia communities have to date ~~thus far~~ been identified as low-risk areas, effecting rating advantageously. Our criteria resembles to some extent the standard rating factors traditionally employed, with what we believe to be ~~major~~ important exceptions. Probably the most ~~important~~ innovative being the elimination of an age factor fx in the rating process for those communities specified. We appreciate the ~~Commissioners~~ Commission's consideration of this data and its subsequent ~~the~~ approval for this two-year pilot project with insuring companies.

Increased sales were recorded also in the Company's homeowners market where our offerings continue to ~~remain strong~~ show strength in both traditional and new lines of coverage.

During 1981, PD&H announced new business opportunities in potential markets which represent more than one-fourth of the municipal airports in the U. S. Our Administrative Services Manager and Mr. Darden are ~~is~~ currently involved in negotiations with major insurers, and the results of these efforts are expected in the first quarter of 1982.

On March 7, 1982, the Board of Directors increased the quarterly dividend rate from 19 cents per share to 23 cents per share. This is the fourth consecutive year that the Directors have approved dividend increases.

Our goal is to continue the strong financial growth trends in the future. PD&H is well positioned to achieve continued growth through innovative marketing techniques, specialized markets, and the development of service techniques that better fulfill policyholder needs. The reported gains would not have been possible without the fx efforts of our employees, our stockholders, our Board of Directors and the continued support of our policyholders. Thank you for the confidence which you have placed in our management team.

(Sign this Very truly yours from Mr. Huff)

(See next page)

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Replace last sentence with the following beginning a new paragraph;

"Thanks to each of you personally for helping us to make our motto, "Service Beyond the Contract," a reality!

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BOARD OF DIRECTORS:

1. Alexander R. Jones
   Chairman, Board of Directors
   (Offices with PD&H)

2. Mr. Huff, President

3. D. H. Durden, Jr.
   Chairman, Finance Committee
   (Also maintains an office at PD&H)

4. G. C. Fortner
   1006 Peachtree Road, N. W.
   Apt. 8-A
   Atlanta, GA 30308
   (Retired)

5. Ulyses I. Dreyfus
   203 Wilshire Boulevard
   New York, NY 80362
   (Retired)

6. Mrs. Lucille G. Sibley
   Chairperson
   Board of Directors
   Security Trust Company
   Jasper, GA 30143

7. Mr. Gaylord Proffitt
   Chairman
   Board of Directors
   Duluth Bank & Trust Company
   Duluth, GA _____

8. C. Baron Brown, Jr., M.D.
   Vice-President for Health Affairs
   Doctors' Hospital
   Smyrna, GA _____

9. Ms. Donna T. Brown
   President
   Financial Data Services
   79 Forsyth Street
   Atlanta, GA 30303

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JOB 15 - Transcription from Cassette Notice of Annual Meeting; Design Proxy Form for Printer; Composing and Typing Letter of Transmittal to Computer Supply Company, with Accompanying Envelope

(Pages 125 - 127)

GRADING INFORMATION

	Possible Score	Actual Score
1. Transcription	50	_____
2. Design of Proxy	30	_____
3. Appearance and Accuracy of Typing	20	_____
	100	

PROFFITT, DORSEY & HUFF, INC.

Task: A. Transcribe from cassette Notice of Annual Meeting of Stockholders with three pages of explanation.

B. Design and order printed proxy forms.

Estimated Completion Time: Two hours

Special Instructions

Use unbound manuscript form for transcription. The notice of annual meeting should be typed on a single page, single-spaced. Each of the dictated items should appear on a separate page.

The proxy form should be punch-card size. The following is an example of the information to be included.

The Board of Directors
favors a Vote "FOR"
proposals to:

-PROXY-

	FOR	AGAINST
1. (List items as they appear	☐	☐
2. in the notice of annual	☐	☐
3. meeting)	☐	☐

Please sign and mail in enclosed envelope.

Signature________________________Date_______________

The reverse side of the above form should be headed PROFFITT, DORSEY & HUFF, INC., PROXY SOLICITED BY MANAGEMENT FOR THE ANNUAL MEETING OF STOCKHOLDERS, (again indicate second Monday of ensuing month, current year.) "The undersigned instructs said proxies to vote as specified upon the Items shown on the reverse of form. Unless a contrary choice is specified, this proxy will be voted "FOR" Items 1 through 4."

Make a draft copy of this proxy and sent it to Computer Supply Company, 101 Burnt Mountain Road, Jasper, GA 30143. Ask for 150 printed cards. Write a cover letter.

P D H

proffitt, dorsey & huff, inc.

1257 International Boulevard
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

JOB 16 - Analyze, Establish, and Record Transactions to Petty Cash Fund

(Pages 128 - 138)

GRADING INFORMATION

	Possible Score	Actual Score
1. Establishment of Fund	20	_____
2. Record Transactions	50	_____
3. Balance and Total	30	_____
	100	

Special Instructions

(1) Read the information provided on this unit.

(2) Use the check provided to establish a petty cash fund.

(3) Record the transactions provided, making all necessary entries.

(4) Balance the petty cash analysis sheet, enter the totals and record the receipt of the reimbursement check.

PETTY CASH UNIT

Minor payments in the office may be made through a petty cash fund. A petty cash voucher is prepared for each payment and signed by the person receiving the money. A petty cash analysis sheet is kept, with special columns set up for accounts that are used frequently. The fund is replenished periodically, with a check drawn for the amount spent.

Instructions, transactions and forms will be provided in this unit to allow you to open and operate a petty cash system.

Petty Cash Disbursements

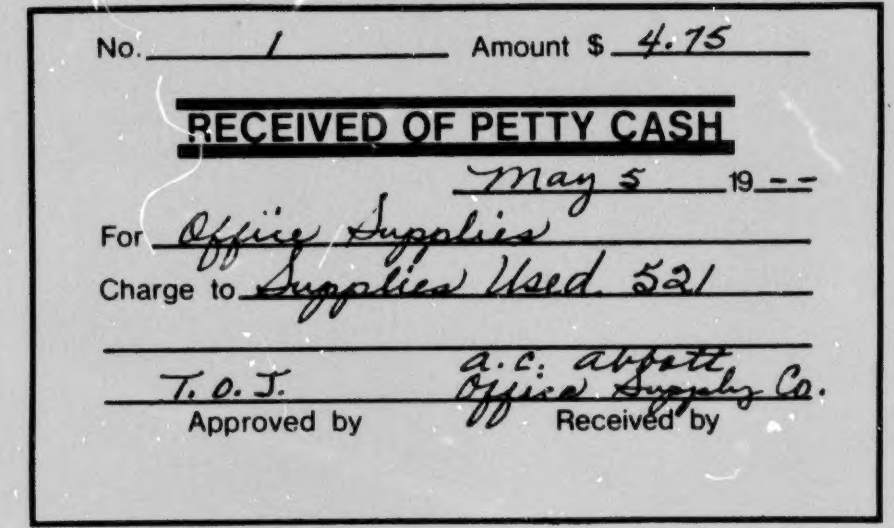
Although bills should be paid only by check and only after proper authorization has been given for the payment, it is not practical to make every payment by check. There are times when small expenditures must be made in cash. For example, if 12 cents postage is due on the morning's mail, the postperson cannot be expected to sit down and wait until the proper approval has been secured and a check written. Most businesses find it convenient to pay such small expense items from a petty cash fund.

Establishing the Fund

To set up a petty cash fund, a check is written to the order of the person in charge of the fund--usually the administrative assistant. The check is cashed, and the money is placed in a safe or a cash box to be used for payments as needed.

Making Payments from the Fund

A payment from the petty cash fund is usually limited to some relatively small amount; for example, $5. Each time an expenditure is made from the fund, a receipt, called a "petty cash voucher", is prepared. A petty cash voucher to record a payment of $4.75 for office supplies is provided. Petty cash vouchers are numbered in sequence and dated. When a payment is made, the amount is entered on the voucher, the purpose of the expenditure is noted, and the account to be charged is identified. The person receiving payment is asked to sign the voucher as a receipt, and the petty cash custodian initials the voucher to indicate that he/she has checked it for completeness.



No. 1 Amount $ 4.75

RECEIVED OF PETTY CASH

May 5 19--

For Office Supplies

Charge to Supplies Used 521

T. O. J. — a. c. abbott, Office Supply Co.

Approved by — Received by

BEST COPY AVAILABLE

Petty Cash Analysis Sheet

A memorandum record of petty cash transactions is kept on an analysis sheet, sometimes called the "petty cash book." Cash put in the fund is listed in the Receipts column, and cash paid out is listed in the Payments column. Special columns are provided for expenses that occur frequently, such as Supplies Used and Miscellaneous Expense. A Sundry Debits column is provided for other accounts. A petty cash analysis sheet (after petty cash payments have been entered) is shown on the following page.

Replenishing the Fund

At the end of each month (or sooner if the fund runs low), the petty cash fund is replenished so that there will be an adequate amount of money available to meet anticipated needs. The total of the vouchers for expenditures from the fund plus the cash on hand should always equal the fixed amount of the fund.

The first step in replenishing the fund is to total each column in the petty cash analysis sheet. A check is then written for an amount sufficient to restore the petty cash fund to its original balance. A petty cash analysis sheet that has been completed is shown on Page

PETTY CASH ANALYSIS SHEET FOR MONTH OF May 19--

PAGE 1

DATE	VOU. NO.	EXPLANATION	RECEIPTS	PAYMENTS	ADVER. EXP. DR. 513	OFFICE SUPPL. DR. 521	POSTAGE DR. 522	MISC. EXP. DR. 522	SUNDRY DEBITS acct. no.	SUNDRY DEBITS AMOUNT
19 May 1	✓	To establish fund	25 00							
5	1	Office Supply Co.		4 75		4 75				
12	2	Ace Exp. Co.		3 00				3 00		
17	3	Roberts Delivery		3 20				3 20		
26	4	H. Tate-windows		1 10				1 10		
27	5	Carter Draw.		5 00					302	5 00
31		Totals	25 00	17 05		4 75		7 30		5 00
31		Balance		7 95						
			25 00	25 00						
31		Balance	7 95							
31		To replenish fund	17 05							
31	✓	Carried forward	25 00							

BEST COPY AVAILABLE

PDH Inc.
Suite 13 - Cain Tower
Atlanta, GA 30001

No._____

__________19___

Pay To The
Order Of____$____________________

____Dollars

PCB Proposed
City Bank

____

':0611'''0271': 10 14 09 1'':

PDH Inc.
Suite 13 - Cain Tower
Atlanta, GA 30001

No. _____

__________19___

Pay To The
Order Of____$____________________

____Dollars

PCB Proposed
City Bank

____

':0611'''0271': 10 14 09 1'':

PDH Inc.
Suite 13 - Cain Tower
Atlanta, GA 30001

No. ______

____________ **19** ____

Pay To The
Order Of ____ **$** ________________

____ **Dollars**

PCB Proposed
City Bank

____

':0611'''0271': 10 14 09 1'':

PDH Inc.
Suite 13 - Cain Tower
Atlanta, GA 30001

No. ______

____________ **19** ____

Pay To The
Order Of ____ **$** ________________

____ **Dollars**

PCB Proposed
City Bank

____

':0611'''0271': 10 14 09 1'':

Transactions

May 2, 19--	(a)	Paid $.98 postage due on a shipment of policy forms from National Printing Company.
2	(b)	Purchased refreshment supplies from Food Star, $5.38.
3	(c)	Tipped delivery service, $2.00.
5	(d)	N. Proffitt withdrew $15 for personal use.
6	(e)	Cab fare to airport for N. Dorsey, $8.75.
7	(f)	Replenished petty cash fund.
8	(g)	Purchased book of postage stamps, $3.60.
10	(h)	Paid $10 to local high school for advertisement.
15	(i)	Paid $12.50 to Speedy Laundry Service for dry cleaning office drapes.
18	(j)	Purchased first aid supplies, $6.48.
20	(k)	Refreshment money placed in petty cash box, $13.45.
22	(l)	Paid C.O.D. mail delivery, $3.95.
30	(m)	Replenished Petty Cash Fund to beginning month's balance.

No. ____________________ Amount $ ____________

RECEIVED OF PETTY CASH

____________________ 19____

For ____

Charge to ______________________________________

____

____

Approved by Received by

No. ____________________ Amount $ ____________

RECEIVED OF PETTY CASH

____________________ 19____

For ____

Charge to ______________________________________

____

____

Approved by Received by

No. ____________________ Amount $ ____________

RECEIVED OF PETTY CASH

____________________ 19____

For ____

Charge to ______________________________________

____

____

Approved by Received by

PETTY CASH ANALYSIS SHEET FOR MONTH OF ______________ 19___ PAGE _____

DATE	VOU. NO.	EXPLANATION	RECEIPTS	PAYMENTS	DISTRIBUTION OF PAYMENTS						
					ADVER. EXP. DR. 513	OFFICE SUPPL. DR. 521	POSTAGE DR. 522	MISC. EXP. DR. 522	SUNDRY DEBITS		
									acct. no.		AMOUNT

JOB 17 - Compose and Type Follow-Up Letters (5)
(Pages 139 - 150)

GRADING INFORMATION

	Possible Score	Actual Score
1. Composition	60	_____
2. Accuracy and Appearance	40	_____
	100	

Certain letters, telephone requests, etc., are directed to Mr. Jordan, the Administrative Services Manager. He likes to give a personal touch to the disposition of these situations and handles them in the following manner:

A. Mr. Jordan reviews letters, calls, complaints, etc., which are sent to him personally.

B. He makes notes and turns the correspondence over to you as Administrative Assistant.

C. You compose the letters, memos, etc., which will bear Mr. Jordan's signature.

D. It is your responsibility to maintain a follow-up file for daily reference. The attached letters were located in the material to be followed up on June 12. Had replies been received, these copies would have been removed from this file. The fact that they remain indicates that you should today (June 12, 19--) write the follow-ups for Mr. Jordan's signature.

No. 1

MEMO TO: All Account Executives

FROM: N. Lee Jordan, Administrative Services Manager

SUBJECT: Annual Sales Banquet

DATE: May 30, 19--

Our annual sales banquet is scheduled for July 12 at the Hyatt-Regency. The social hour will begin at 7 p.m., and dinner will be served at 8:15 p.m. Your spouses are cordially invited to attend with you. The guest speaker for the evening is former Presidential Chief-of-Staff, Hamilton Jordan.

Please let me hear from you no later than June 12 as to whether you plan to attend alone or bring a guest. We need this information for banquet preparations.

I look forward to seeing you on July 12. This should be one of our most enjoyable banquets.

urs

Note: This is your follow-up file for June 12. Replies have been received from all account executives with the exceptions of Tom Jordan and Richard Huff.

May 30, 19--

No. 2

Mrs. Jesse Mae Tilley
108 Acorn Drive
Oakwood, GA 30143

RE: Policy No. 823,417

Dear Mrs. Tilley:

Please allow me to apologize for the treatment you received upon calling our office last Friday. This was unfortunate, and your letter of May 27 expressed what would have been the feeling of any of us toward such an experience. The fact that our incoming lines were extremely busy at the time you called does not excuse our employee showing discourtesy toward a valued policyholder and friend.

Enclosed is the refund of $72.50 which our agency owes on your January 12, 19-- premium. The error in billing occurred when our accounting people inadvertently disregarded your applied dividend.

We are doing our best to prevent recurrences of this type error and of the negative reception you encountered last Friday. Proffitt, Dorsey & Huff, Inc. certainly appreciate your business and your friendship, Mrs. Tilley. Thank you for writing, and please contact me at any time I may be of service.

Sincerely,

N. Lee Jordan
Administrative Services Manager

bcc: Agency Department--Tom, I talked with you about this situation yesterday. We simply cannot tolerate such abuse to our policyholders and expect to stay in business. Please handle this situation quickly and decisively with the person who worked the switchboard last Friday morning.

Lee

On June 12 another policyholder reported that the switchboard operator showed discourtesy. Bring this to the attention of Tom Jordan, Manager, Agency Department. The name of the policyholder is Jon R. Bradford.

June 7, 19-- No. 3

Mrs. Lilly L. Trulove
601 Forest Lane
Nelson, GA 30107

RE: Policy No. GS-2054-1
All-Coverage Insurance Company

Dear Mrs. Trulove:

When you reported your accident by telephone today, I mentioned that the State requires that an accident report be filed within 10 days following any accident involving $100 or more in damages.

Please complete this form and return it to me as soon as possible. If you have questions or need help with any portion of this form, feel free to give me a call.

I am grateful, as I know you are, that no injuries were sustained. Rest assured that we will cooperate with you in every way possible to see that your automobile is repaired to your satisfaction.

Sincerely,

N. Lee Jordan
Administrative Services Manager

urs

Enclosure

This is in June 12 follow-up file.
The accident report has not been received

May 30, 19-- No. 4

Mr. Henry L. Knoctt
Vice-President
American Casualty Company
106 Bernhardt Street
Chicago, IL 60345

Dear Henry:

I have a client, John C. Allen, II, who is a major real estate developer here in our city. He is considering an umbrella type policy covering fire, casualty, and general liability on certain properties currently under construction in Cobb County.

This involves commercial and industrial properties at six locations. His investment will approximate $5,000,000, and he is interested in a comparable upper limit of coverage. His basic contract will remain in effect with Aetna covering damages up to and including $275,000.

Enclosed is the data you will need to quote on this package. A Dunn & Bradstreet report has been requested, and this should be in your hands within the next day or so.

I shall appreciate hearing from you before June 12, as this will be handled on a sealed bid basis, bids to be opened on June 18, 19--. Of course, Henry, this account would give our agency a needed boost. I would appreciate as favorable an offering as is practicable.

Yours truly,

N. Lee Jordan
Administrative Services Manager

urs

Enclosures

In June 12 follow-up file -- No quotation received and no word from Henry.

May 30, 19-- No. 5

Mr. James J. Jackson
145 First Street
Acme, GA 40967

RE: Policy No. 269,803

Good Morning, Mr. Jackson:

Your complimentary letter of May 25 is the type we enjoy receiving. Our aim is to continue to deal with our policyholders as we would want you to deal with us.

In order for us to change Lori's name from Lori Jackson to Lori Hunter on your policy, please sign the enclosed form in the presence of a witness and send it back in the enclosed envelope.

Contact us at any time we may serve you.

Sincerely,

N. Lee Jordan
Administrative Services Manager

urs

Enclosures

Form not received -- 6/12

P
D
H

proffitt, dorsey & huff, inc.

1257 International Boulevard
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

P
D
H

proffitt, dorsey & huff, inc.

1257 International Boulevard
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

P
D
H

proffitt, dorsey & huff, inc.

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(404) 222-1133

JOB 18 - Resolving Personnel Problems
(Pages 151 - 153)

GRADING INFORMATION

		Possible Score	Actual Score
1.	Judgement	60	____
2.	Application of Management Principles	30	____
3.	Appearance and Accuracy of Memorandums	10	____
		100	

Special Instructions

This unit is designed to help you realize the type of personnel problems you could be working with, how to tactfully handle this type situation, and how to compose and type a memo that gets your point across without unnecessarily offending a co-worker.

In this unit you will be required to perform the following job:

> "Compose and Type a Memo to Four Employees Concerning Different Types of Personnel Problems."

To help you compose these memos, you will be provided with a copy of the PD&H Employee Manual containing a section on Office Rules. You will also be provided with background information on each employee to help you decide what action should be taken.

Situation 1

An employee (Thomas Wade) has been receiving several personal telephone calls per week. It is your duty as Administrative Assistant to compose and type a memo to Thomas concerning the rules involving the use of the telephone.

Situation 2

The receptionist (Susan Allen) was informed before she was hired that she could not leave her desk without having someone else relieve her during her absence. She was also told that she could not smoke at her desk. Complaints have been made that she is using her desk as a powder room and leaves her desk vacant at least once an hour to go to the ladies lounge to smoke. You must compose and type a memo to Susan concerning this problem.

Situation 3

A new secretary (Mary Adams) was recently hired. You have noticed that she has a serious problem with body odor. You must prepare a memo to everyone in the office stressing the importance of good hygiene in the office. Be sure to include information about the possibility of medical problems causing body odor.

Situation 4

Tim Davis, a student from the local university, is enrolled in a state program on "Management Training." PD&H has agreed to let Tim work here as Office Manager in cooperation with this program. All employees have been instructed to fully cooperate with him. There have been no complaints from anyone as to his managerial capabilities, but he does have one problem that is making it impossible for anyone to work. Tim is an interrupter. Several times a day he barges in on someone to ask a question, to make a suggestion or just to observe. The problem arises because he uses poor judgement in when and where to interrupt. As Office Manager, it is within his realm of power to do all of these things; but common courtesy always rules in a peaceful environment. It has been left to you to issue a memo to Tim concerning these interruptions. You should explain to him that in the position he now holds, the worst thing that could happen to him is that he will receive a poor grade on performance. However, if he is allowed to continue this practice, he will never be able to hold a job for very long.

JOB 19 - Compose and Type Two Letters and Memorandums Concerning Travel Arrangements; Complete Request for Cash Advance; Prepare and Type Itineraries

(Pages 154 - 165)

GRADING INFORMATION

	Possible Score	Actual Score
1. Composition of Correspondence and Related Forms	40	
2. Appearance and Accuracy of Correspondence	20	
3. Appearance and Accuracy of Itineraries	40	
	100	

Special Instructions

(1) Write a letter to Delta Airlines making reservations for four people for a round trip (coach) flight from Atlanta to San Francisco.

(2) Write a letter to Holiday Inn (Civic Center area) in San Francisco requesting reservations for the people attending the conference.

(3) Write a memo to each of the four persons taking this trip informing them of their travel arrangements and requesting them to file the necessary forms for reimbursement of travel expenses. Each person will be furnished a copy of the PD&H travel regulations.

(4) Arrange for N. Lee Jordan to receive a cash advance to cover his extensive business entertaining while in San Francisco. His travel and expense account number is 35-355.

(5) Prepare a travel itinerary for each person.

*Use an Official Airlines Guide to obtain the itinerary information concerning flights.

MEMORANDUM

TO: Administrative Assistant

FROM: J. A. Huff, Jr.

SUBJECT: Travel

Four members of our staff will be attending the National Insurance Underwriters Conference to be held this year in San Francisco. The conference is scheduled to begin the first Monday in next month and will end the following Thursday evening.

Please make all of the necessary travel arrangements for these people and furnish each individual with a copy of our travel regulations. Travel will be approved for the following people:

N. Lee Jordan	Administrative Services Manager
Frank E. Soo	Marketing and Claims Manager
Modine Jackson	Sales Account Executive
Stanoslov Gorka	Sales Account Executive

JAH/ xx

MEMORANDUM

TO: Administrative Assistant

FROM: N. Lee Jordan

SUBJECT: Cash Advance

As Administrative Services Manager, I will be doing extensive business entertaining during the National Insurance Underwriters Conference in San Francisco. Because of the extent of this entertaining, I will need a cash advance in the amount of $150.

Please obtain approval for this cash advance from the proper person and have it ready for me before I leave for San Francisco.

NLJ/ xx

NATIONAL INSURANCE UNDERWRITERS CONFERENCE

SCHEDULE OF EVENTS

DAY 1	9:00 till 1:30	Conference Registration
	9:30 till 11:30	Seminar A
	1:30 till 3:30	Seminar B
DAY 2	7:30 till 9:00	Continental Breakfast
	9:30 till 12:00	General Assembly
	12:15 till 1:30	Luncheon
	2:00 till 4:00	Seminar C
DAY 3	7:30 till 9:00	Continental Breakfast
	9:30 till 12:00	Insurance Workshop
	1:30 till 3:00	Seminar D
	7:00 till 9:00	Sales Awards Banquet
	9:00 till 12:00	Royal Ball (Dancing and Entertainment)
DAY 4	10:00 till 12:00	Seminar E
	1:30 till 3:00	Speaker "Insurance in the American Economy"
	8:00 till 11:00	President's Banquet
DAY 5	7:30 till 9:00	Breakfast Meeting

Anyone planning to attend the National Insurance Underwriters Conference must make all necessary travel arrangements for this conference. Reservations must be received five (5) days prior to arrival. All registered guests will be required to attend the General Assembly and at least three (3) of the five (5) seminars offered. Attendance at the President's Banquet must be won based on sales from January 1, 19--, until June 30, 19--.

Everyone must be checked out of the hotel no later than 12:00 noon (Day 5). Please be sure all charges have been taken care of before leaving the hotel.

REQUEST FOR CASH ADVANCE

Date ____________

Pay to ____

Proposed Trip: From ______________________________________

To ____

Travel and Expense Account No. ______________ Amount $ ________

RECEIVED FROM PROFFITT, DORSEY & HUFF, INC.

The Sum of __________________________ Dollars and ________ Cents

Signed ______________________________ Date __________________

Approved by __________________________ Date __________________

P
D
H

proffitt, dorsey & huff, inc.

1257 International Boulevard
Suite 13 - Cain Tower
Atlanta, GA 30001
(404) 222-1133

JOB 20 - Prepare and Type Expense Reports for Five Employees
(Pages 166 - 195)

GRADING INFORMATION

	Possible Score	Actual Score
1. Accuracy of Reports	70	_____
2. Appearance of Reports	30	_____
	100	

Special Instructions

Prepare an expense report for each person who attended the National Insurance Underwriter's Conference in San Francisco.

You will be furnished with travel logs, expense forms, and bills from Delta and Holiday Inn. Your job will be to decide what expenses are within the reasonable limits designated by FD&H in the travel regulations and which ones are not reimbursable.

Any expense disallowed by you should be explained in a memorandum to the person affected.

National Insurance Underwriters Conference (San Francisco) Expenses to be reported on Expense Account #13-385.

(Modine Jackson)

Day 1	Registration Fee	$10.00
	Lunch	$2.25
	Dinner	$5.85
Day 2	Dinner	$12.90
	Cab Fare (shared with S. Gorka)	$3.25
Day 3	Lunch	$4.50
	Dinner	$6.95 (Captain Jonahs)
	Cab Fare (shared with S. Gorka & F. Soo)	$3.50
Day 4	Breakfast	$1.80
	Lunch	$4.25
	Dinner	$14.50 (Golden Gate Restaurant)
	Cab Fare (shared with S. Gorka)	$5.00
Day 5	Cab fare to airport	$2.20

Here are my expenses for my expense report due on the 15th. My account # is 222-15.

(Stanoslov Yerka)

Day 1	Registration fee	$10.00	
	Lunch	$4.75	
	Dinner	$12.90	(Carey's Steak House)
Day 2	Cab fare	$3.25	(shared with M. Jackson)
	Dinner	$14.50	(The Warf)
Day 3	Lunch	$2.95	
	Dinner	$9.50	(Captain Jonah's)
	Cab Fare	$3.50	(shared with F. Soo & M. Jackson)
Day 4	Breakfast	$5.95	
	Lunch	$2.50	
	Dinner	$22.95	(Golden Gate Restaurant)
	Cab fare	$5.00	(Shared with M. Jackson)
Day 5	Cab fare to airport	$2.20	(Shared with L. Jordan, F. Soo, M. Jackson)

Expense Account Number 82-105
Insurance Underwriters Conference
San Francisco, California
Frank E. Soo

Day 1	Registration Fee	$10.00
	Luncheon	$3.50
	Dinner	$7.50
Day 2	Dinner	$7.50
Day 3	Luncheon	$2.95
	Dinner	$5.25
	Cab fare	$3.50
	(accompanied by Stanoslov Gorka and Modine Jackson)	
Day 4	Breakfast	$4.50
	Lunch	$2.95
	Tuxedo Rental	$40.00
	(required for attendance at the President's Banquet)	
Day 5	Cab fare to airport	$2.20

Expenses:

Day 1 Registration fee $10.00
Lunch $3.50
Dinner $27.70 (paid for dinner & drinks for client George Parker (business)

Taxi $4.60
Room Service $6.25
Tips for Room Service $2.00

Day 2 Breakfast $4.00
Car Rental & Mileage to Redwood Forest $28.60
Lunch $5.30
Dinner $38.70 (paid for club cost for client Adam Wayne)
Total days tips $6.00

Day 3 Breakfast $3.80
Lunch $4.50
Dinner $8.00
Phone Call $6.50 (to check on kids)
15% tip included in each meal

(Expenses, Cont'd)

Day 4 Breakfast $3.75
Lunch $35.00 (took 4
potential clients, D. Grok, E. Cain,
H. King, R. Tree to lunch)
at Sears
Dinner $12.25
Taxi to pick up potential clients $7.00
Day's Total Tips $7.25

Day 5 Breakfast $17.50 (took 2
clients, George Parker & Adam Wayne)
at Sears
Limousine to airport $4.00

H. Lee Jordan

HOLIDAY INN

500 Poydras Plaza Boulevard
San Francisco, California
(504) 524-0000

TO:
ERROR
TO: N. JORDAN
ERROR
TO:

Room No.	*Arrival Date*	*Account No.*
652	8-20-19xx	

Month	*Day*	*Reference Description*	*Amount*	*Balance*
August	20	Single	45.00	45.00
August	21	Single	45.00	90.00
August	22	Single	45.00	135.00
August	23	Single	45.00	180.00
August	24	Single	45.00	225.00
				225.00

BALANCE OWING ▲

HOLIDAY INN

500 Poydras Plaza Boulevard
San Francisco, California
(504) 524-0000

TO:
ERROR
TO: M. JACKSON
ERROR
TO:

Room No.	*Arrival Date*	*Account No.*
628	8-20-19xx	

Month	*Day*	*Reference Description*	*Amount*	*Balance*
August	20	Single	45.00	45.00
August	21	Single	45.00	90.00
August	22	Single	45.00	135.00
August	23	Single	45.00	180.00
August	24	Single	45.00	225.00

225.00

BALANCE OWING ▲

HOLIDAY INN

500 Poydras Plaza Boulevard
San Francisco, California
(504) 524-0000

TO:
ERROR
TO: S. GORKA
ERROR
TO: F. SOO

Room No.	*Arrival Date*	*Account No.*
589	8-20-19xx	

Month	*Day*	*Reference Description*	*Amount*	*Balance*
August	20	Double	55.00	55.00
August	21	Double	55.00	110.00
August	22	Double	55.00	165.00
August	23	Double	55.00	220.00
August	24	Double	55.00	275.00
				275.00

BALANCE OWING ▲

DETAIL OF EXPENSES

DATE	Travel From	To	TRANSPORTATION Auto Mileage	Tolls & Parking	Local Trans. Car Rental	Plane	Train	LIVING EXPENSE Hotel	Meals	Enter-tainment	Phone Telegr. Postage	DAILY TOTALS Meetings Etc.	Misc.
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
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4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
TOTALS FOR PERIOD	TOTAL MILEAGE												
	Mileage	___x ___¢/mile											
	Mileage	___x ___¢/ mile										GRAND TOTAL	

DETAIL OF EXPENSES

DATE	Travel From	To	TRANSPORTATION Auto Mileage	Tolls & Parking	Local Trans. Car Rental	Plane	Train	LIVING EXPENSE Hotel	Meals	Entertainment	Phone Telegr. Postage	DAILY TOTALS Meetings Etc.	Misc.
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
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5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
TOTALS FOR PERIOD	TOTAL MILEAGE												
	Mileage	__x __¢/mile											
	Mileage	__x __¢/ mile											
												GRAND TOTAL	

DETAIL OF EXPENSES													
			TRANSPORTATION					LIVING EXPENSE				DAILY TOTALS	
DATE	Travel From	To	Auto Mileage	Tolls & Parking	Local Trans. Car Rental	Plane	Train	Hotel	Meals	Entertainment	Phone Telegr. Postage	Meetings Etc.	Misc.
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
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3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
TOTALS FOR PERIOD	TOTAL MILEAGE												
	Mileage	___x ___¢ /mile											
	Mileage	___x ___¢/ mile											
												GRAND TOTAL	

DETAIL OF EXPENSES

	Travel		TRANSPORTATION					LIVING EXPENSE				DAILY TOTALS	
DATE	From	To	Auto Mileage	Tolls & Parking	Local Trans. Car Rental	Plane	Train	Hotel	Meals	Enter-tainment	Phone Telegr. Postage	Meetings Etc.	Misc.
16													
17													
18													
19													
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11													
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13													
14													
15													
TOTALS FOR PERIOD	TOTAL MILEAGE												
	Mileage	__× __¢ /mile											
	Mileage	__× __¢/ mile											
												GRAND TOTAL	

DETAIL OF EXPENSES

DATE	Travel From	To	TRANSPORTATION Auto Mileage	Tolls & Parking	Local Trans. Car Rental	Plane	Train	LIVING EXPENSE Hotel	Meals	Entertainment	Phone Telegr. Postage	DAILY TOTALS Meetings Etc.	Misc.
16													
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TOTALS	TOTAL MILEAGE												
FOR	Mileage	___ x ___ ¢ /mile											
PERIOD	Mileage	___ x ___ ¢/ mile											
												GRAND TOTAL	

ENTERTAINMENT & MISCELLANEOUS EXPENSE RECORD

Date	Place	Misc. - Explain expense Entertainment - List guests & affiliation & Business purpose	Total expended
		Total for Period	

EXPENSE REPORT SUMMARY

Name____

Branch____

T & E Account No.____________________ Period Ending____________________ 19____

	Due Co.	Due Me
LAST MONTH'S CLOSING BALANCE		
ERROR CORRECTIONS - USE THIS LINE ONLY WHEN NOTIFIED		
CASH ADVANCES DATE		
"		
"		
"		
MONTH'S EXPENSES		
TOTAL EACH COLUMN		
INSERT DIFFERENCE BETWEEN TOTALS ABOVE INTO PROPER BOX	Due Co.	Due Me
CLOSING BALANCE		
AUDIT CORRECTION (ACCOUNTING USE ONLY)		

__CHECK HERE IF REMITTANCE IS ENCLOSED

ENTERTAINMENT & MISCELLANEOUS EXPENSE RECORD

Date	Place	Misc. - Explain expense Entertainment - List guests & affiliation & Business purpose	Total expended
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EXPENSE REPORT SUMMARY

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T & E Account No.____________________ Period Ending____________________ 19________

	Due Co.	Due Me
LAST MONTH'S CLOSING BALANCE		
ERROR CORRECTIONS - USE THIS LINE ONLY WHEN NOTIFIED		
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MONTH'S EXPENSES		
TOTAL EACH COLUMN		
INSERT DIFFERENCE BETWEEN TOTALS ABOVE INTO PROPER BOX	Due Co.	Due Me
CLOSING BALANCE		
AUDIT CORRECTION (ACCOUNTING USE ONLY)		
__CHECK HERE IF REMITTANCE IS ENCLOSED		

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EXPENSE REPORT SUMMARY

Name____________________

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T & E Account No.__________Period Ending__________19____

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LAST MONTH'S CLOSING BALANCE		
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EXPENSE REPORT SUMMARY

Name ____________________

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CLOSING BALANCE		
AUDIT CORRECTION (ACCOUNTING USE ONLY)		
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TRAVEL REGULATIONS

The following is a condensed list of travel costs that are reimbursable by this company. A dated travel log must be submitted in order to be reimbursed for your travel expenses.

INTERSTATE TRAVEL EXPENSE

A. Transportation - The regulations under "Transportation" for interstate travel are as follows:

1. Interstate travel to be reimbursed from local funds must be in the interest of Proffitt, Dorsey and Huff, Inc. and must be undertaken only with the prior written approval of J. A. Huff, Jr. Failure to secure prior written approval shall cause the President, Supervisor, or Director to withhold reimbursement of expenditures.

2. When out-of-state travel by private automobile is approved for an individual staff member, the transportation costs may not exceed tourist air fare or mileage, whichever is less. Annual leave must be used for travel time in excess of the time required for air travel. No subsistence will be allowed while in such travel status. Subsistence will commence at the time the individual would have normally arrived at destination by air travel in order to attend official business. If two or more employees travel together, it may be advantageous to authorize travel by private automobile.

B. Subsistence - Reimbursement claims for subsistence (meals and lodging) are to be reported on travel expense statements by date and amount for each meal and lodging.

1. Lodging - Reimbursement will be made for lodging expenses within reasonable limitations incurred in hotel or motel on presentation of a "paid" copy of the bill. Charges in excess of $28 per day must be explained in writing. Personnel should only be reimbursed for actual costs expended, and should not consider the allowable charges as a per diem allowance.

2. Meals - Reimbursement will be made for actual cost of meals within reasonable limitations. Normally, expenses at the rate of not more than $15 per day for three meals will be considered as reasonable. The maximum per meal is as follows:

Breakfast - $3   Lunch - $5   Dinner - $10

Charges for meals in excess of $15 per day must be explained in writing. Personnel should only be reimbursed for actual costs expended and should not consider the allowable charges as a per diem allowance. Reimbursement shall be limited to the cost of meals for the individual only.

3. Certain areas within the United States have been identified by the General Services Administration as having a higher than normal lodging and subsistence cost for employees in official travel status. While on official business and otherwise eligible for reimbursement of travel expenses, employees may be allowed to exceed the maximum lodging and subsistence allowance established for out-of-state travel if actual costs incurred dictate. In no event will an employee be reimbursed above the high cost interstate area maximum unless completely justified in writing and approved by the President, Supervisor, or Director. High cost areas in the United States and the maximum allowances are identified as follows:

Boston, MA (40%)	San Francisco, CA (17%)
Chicago, IL (23%)	Washington, DC (43%)
Los Angeles, CA (14%)	Philadelphia, PA (31%)
New York, NY (43%)	Newark, NJ (20%)

C. Meetings, Conferences, Conventions, Etc.

1. An individual who is assigned by Proffitt, Dorsey and Huff, Inc to attend a National, Regional or State meeting will be reimbursed for registration fees. Meal expenses incurred by authorized attendance at such meetings will be reimbursed when such meal expense is an integral part of the meeting or conference program, whether or not it is included in the required registration fee.

2. Any portion of registration fees covering cost of social activities will not be allowed.

D. Miscellaneous Travel Expense

1. The following incidental expenses relative to travel will be allowed, provided such expenses are less than $1 and the necessity for them is sufficiently explained in writing:

   (a) Stationery and supplies
   (b) Stenographic or duplicating services

2. The purchase of items mentioned in Item 1 above shall be reimbursed on the expense statement if the expense is $1 or less.

3. Postage expense incurred relative to travel will be allowed if a validated receipt is attached to the travel report.

4. Reimbursement for gratuities will not be allowed. Expenditures for valet service, theater, and entertainment are personal items and will not be allowed.

5. Expense for official telephone and telegraph messages which must be paid for by the individual are allowable. The expense statement must indicate the origin of the communication, the person contacted, and justification for it.

E. Expense Reimbursement Procedure

1. An "Employee Expense Statement" is completed in duplicate for all travel completed as of the end of the month and signed by the employee.

2. The employee submits both copies of the "Employee Expense Statement" and required receipts to his/her supervisor.

3. The Supervisor reviews the "Employee Expense Statement" and, if it appears to be in order, he/she approves it by signing on the appropriate line and gives it to the bookkeeper for payment.

4. Reimbursement shall be made on a general operating check of the appropriate fund.

F. Records Required for Travel

1. Systems must keep accurate records of amounts paid to employees for expenses and amounts due systems for use of system-owned cars.

2. Please assume that any expense not listed above will not be reimbursed to you.

Federal law prohibits discrimination on the basis of race, color or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and Title II of the Vocational Education Amendments of 1976); or handicap (Section 504 of the Rehabilitation Act of 1973) in educational programs or activities receiving federal financial assistance.

Employees, students and the general public are hereby notified that the Georgia Department of Education does not discriminate in any educational programs or activities or in employment policies.

The following individuals have been designated as the employees responsible for coordinating the department's effort to implement this nondiscriminatory policy.

Title II - Loydia Webber, Vocational Equity Coordinator
Title VI - Peyton Williams Jr., Associate Superintendent
of State Schools and Special Services
Title IX - Myra Tolbert, Coordinator
Section 504 - Jane Lee, Coordinator of Special Education

Inquiries concerning the application of Title II, Title VI, Title IX or Section 504 to the policies and practices of the department may be addressed to the persons listed above at the Georgia Department of Education, Twin Towers East, Atlanta 30334; to the Regional Office for Civil Rights, Atlanta 30323; or to the Director, Office for Civil Rights, Education Department, Washington, D.C. 20201.

BEST COPY AVAILABLE